

The logo for SunCountry Health Region features a large, stylized, light gray swoosh that curves from the bottom left, under the word "HEALTH", and up to the top right, under the word "Country".

SunCountry

HEALTH REGION

Annual Report

2006 - 2007

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Letter of Transmittal

June 15, 2007

The Honourable Len Taylor
Minister of Health

and

The Honourable Graham Addley,
Minister of Healthy Living Services

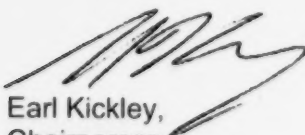
Dear Ministers Taylor and Addley,

The Sun Country Regional Health Authority (SCRHA) is pleased to provide you and the residents of the Sun Country Health Region with its 2006-07 annual report. This report outlines the activities and accomplishments of the SCRHA and provides the audited financial statements for the year ended March 31, 2007.

Thanks to the cooperation of Saskatchewan Health, Sun Country Regional Health Authority enjoyed a very successful year. We also are very proud that, in conjunction with Saskatchewan Health, we saw the start of construction on a new renal dialysis unit to be located in St. Joseph's Hospital in Estevan. We are looking forward to completion of the unit to improve the quality of health services for the people of southeast Saskatchewan.

In closing, we would like to thank Saskatchewan Health for its help during this fiscal year. The Board of Directors would also like to express our gratitude to all SCRHA employees, physicians, and the employees of our affiliates for a job well done.

Respectfully submitted,



Earl Kickley,
Chairperson
Board of Directors

Who We Are

The mandate of the Sun Country Regional Health Authority (SCRHA) is to provide quality health services to the residents of South East Saskatchewan. The SCRHA is accountable to the Ministers of Health for the planning, organization, delivery and evaluation of health services provided within the Sun Country Health Region.

What We Do

A key role of the SCRHA is to ensure strategic oversight by providing leadership that includes monitoring the performance of the organization. This means making sure that the organization's strategic direction is consistent with "The Action Plan for Saskatchewan Health Care," and that performance measurement processes are in place to allow the organization to know if it is meeting the expectations set out in the Action Plan and Accountability Document.

Vision

Saskatchewan Health's vision is "Building a province of healthy people and healthy communities"

The Sun Country Regional Health Authority's vision is

"Healthy People in Healthy Communities"

Mission

Sun Country Regional Health Authority exists so that there will be:

- Optimum health throughout lifespan;
- Primary health care available to everyone within the region;
- People taking personal responsibility for their health;
- A significant decrease in the incidence of preventable diseases;
- Public Policy supporting healthy living; and
- Healthy environments.

Statement of Values

- We value mutual respect, honesty and trust.
- We value openness with our community to create informed decision-making.
- We value social and ethical responsibility and accountability.
- We value privacy, confidentiality and compassionate care.
- We value sense of ownership by those associated with the mission of the SCRHA.
- We value our staff, physicians and volunteers as our most valuable resource.

Sun Country Regional Health Authority Goals

1. To provide Health Services that are reasonably accessible and available to all residents of the Region.
2. To increase the awareness of the health services provided by the Region.
3. To develop an education strategy that places greater emphasis on the wellness philosophy of health care including health promotion, the prevention of illness, health maintenance and the promotion of independent living.
4. To recruit, retain and develop the Region's Human Resources.
5. To provide an effective and comprehensive range of health services.
6. To be fiscally responsible.
7. To ensure regular assessment of the services provided in the Region.

Overview of Facilities and Programs

SCRHA operates 28 facilities and a large number of programs for the 53,000 people in this region:

12**Health Centres****2****District Hospitals****3****Community Hospitals****16****EMS Stations****18****Long Term Care Centres****1****Seniors Housing Facility****1****Inpatient Mental Health Unit**

In addition, SCRHA provides a complex array of community programs and services including:

- Acute Care
 - Home Care
 - Long Term Care
 - Parenting skills education programs
 - Physiotherapy and occupational therapy
 - Podiatry
 - Primary health care services
 - Public health
 - Diabetes Education program
 - Wellness Clinics
 - Respite Services
 - Meals on Wheels
 - Volunteer Program
 - Palliative Care Program
 - Staff Physical Activity program
 - Dental Health Program
 - Health Promotion
 - Injury Prevention Program
 - Baby Friendly Initiative (Breastfeeding)
 - Nutrition Program
 - Project Hope
 - Psychiatry
 - Adult Community Mental Health Services
 - Child and Youth Mental Health Services
 - Inpatient Mental Health
 - Mental Health Therapies Program
 - Mental Health Rehabilitation Services
 - Mental Health Home Care
 - Parent Mentoring Program
 - Palliative Care
 - Acquired Brain Injury Programs
 - Adult Sex Offenders Program
 - Alternatives to Violence Programs
 - Community Dietitian Programs
 - Community Mental Health
 - Parenting Skills Education Programs
 - Physiotherapy and Occupational Therapy
 - Public Health Inspection
 - Speech Language Pathology
 - Community dietitian programs
 - Community health programs
 - Community mental health
 - Immunization Programs
 - Infection Control
 - Public Health Nursing
 - Communicable Disease Control

Standards of Conduct, Ethics and Values

SCRHA operates with the highest possible standards of care, ethics and values. This high standard of care requires a continuous evaluation of programs and operations:

- SCRHA employs staff who follow regional policies and Professional Codes of Ethics. All professional staff meet current registration guidelines with their licensing bodies.
- Our values are evident in our staff, physicians and volunteers, who are our most valuable resource.
- We continue to affirm our commitment to meeting standards of excellence by participating in the Canadian Council on Health Services Accreditation (CCHSA) process for health services organizations by comparing ourselves to nationally accepted standards.
- SCRHA's insistence on client privacy and confidentiality means it has worked hard to implement the changes required to be compliant with the Health Information Protection Act (HIPA).
- SCRHA adopted a management philosophy in 2006-07 that promotes collaborative decision-making and co-operation, enabling staff at all levels to perform their jobs to the fullest with responsibility, accountability and authority.

Risks and Challenges

SCRHA faces several key risks and challenges:

- An aging population and changing demographics, especially in the rural areas.
- Tobacco use remains a high risk factor for males and females, with over 23 per cent who are daily or occasional smokers.
- Approximately one-third of the residents are overweight or obese and less than 50 per cent are physically active or moderately active.
- The health care workforce is aging; maintaining an adequate supply of health care professionals and workers continues to be challenging.
- The continuous need to maintain health facilities and update technology challenges our ability to provide safe quality services and prevent adverse events.
- Annual operating costs continue to increase due to staff shortages (staff overtime, sick time, etc), collective agreements, medical equipment, drug and supply costs, and increases in utility costs which, for the most part, are beyond our control.

Some of these factors result in an increased demand for services in home care, laboratory services and public health nursing. SCRHA is monitoring the situation. Population reduction also affects the availability of informal family and community supports for people, especially for the elderly or mentally ill. This creates an increased demand on an already stressed health care system because the supports have moved away. Reduction in the population also contributes to a lack of support for community organizations which, in turn, can increase the instances of residents seeking the kind of services they might once have received from the volunteer organizations.

Capacity to Manage Risks and Challenges

Funding alone will not meet the increasing and changing demands placed on our health system.

- Our capacity to respond to change will be greatly enhanced through the development of our new recruitment and retention strategy.
- Increased efforts on innovative health promotion, disease prevention and population health initiatives by educating people to eat well, exercise and stop smoking will also help mitigate some of the demand for health services.
- Working in partnership with Saskatchewan Health, facility condition assessments will be completed for all SCRHA and Affiliate facilities, which will provide information to support future maintenance, renovation and capital replacement budgeting/decision making.
- SCRHA is developing a new three-year strategic plan which will include a comprehensive consultation and communication strategy with key stakeholders to help guide future service delivery, infrastructure, health human resource planning, information systems and capital investment planning for facilities.

Health Care Organization Relationships

SCRHA also funds Health Care Organizations (HCOs) to enhance or add to services provided. In most cases, HCO's complement the continuum of care for regional residents and community based services. They play an integral role in ensuring seamless, timely and effective service provision in a manner that is consistent with, SCRHA goals, and are accountable through program and budget submissions, regular fiscal reporting, and annual audited financial reporting.

SCRHA has a close working relationship and operating agreements with the following three Affiliate organizations:

Affiliates	Services Provided
St. Joseph's Hospital of Estevan	53 acute care beds, 34 long term care beds and 4 beds for convalescent, respite and palliative care.
Radville Marian Health Centre	49 long term care beds and 3 beds for convalescent, respite, palliative care, observation and assessment.
Sunset Haven in Carnduff	42 long term care beds, 1 bed for convalescent, respite and palliative care.

SCRHA also provides flow through funding for the following Community Based Organizations:

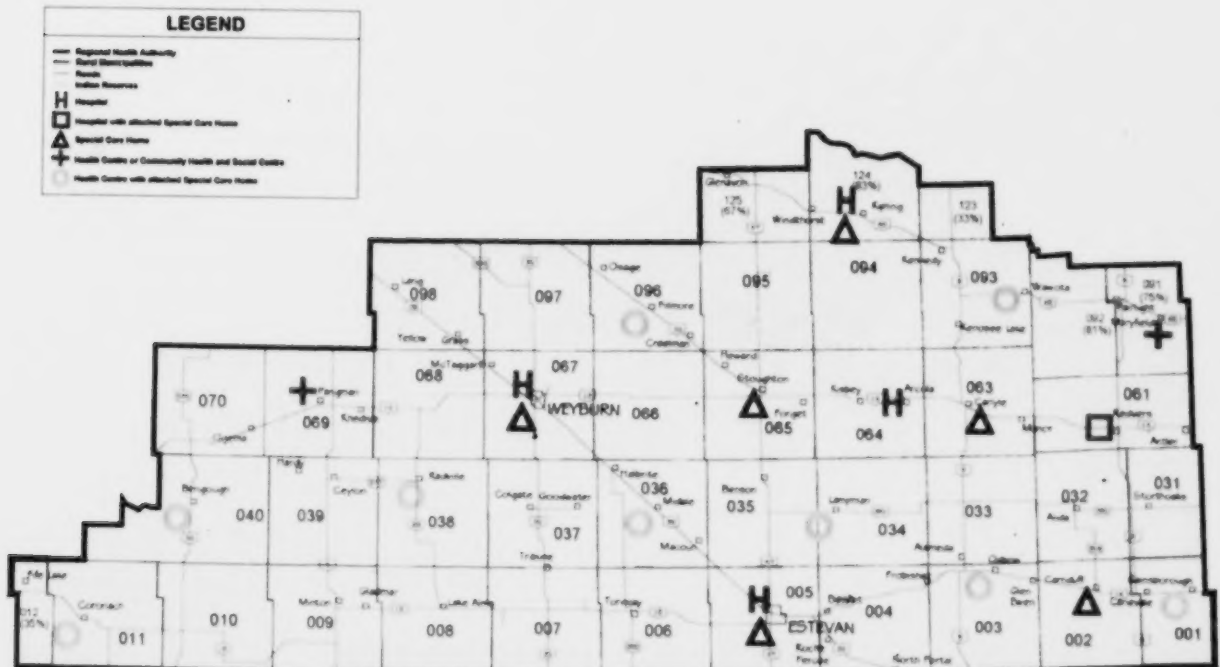
Organization	Services Provided
SMILE Services in Estevan	Programming and support to young children, youth, individuals with challenging needs, seniors and low income families, with a focus on employment, quality housing and social acceptance of persons diagnosed with mental illness in the community.
Weyburn Group Home Society	Encourages employment, obtains quality housing and promotes the integration and acceptance of persons diagnosed with mental illness in the community.
Canadian Mental Health Association, Community Resource Centre in Weyburn	Pre-vocational programs to assist with the personal growth, support, community integration and re-entry into the work force of persons with mental illness.
Fillmore Ambulance	Ambulance Services
Supreme Ambulance (Carlyle)	Ambulance Services

Sun Country Regional Health Authority Organization Chart



SCRHA experienced a change in its leadership team during 2006-07. In April 2006, the former Vice President of Finance & Corporate Services retired. Ken Adams joined the organization in September 2006.

Map of Sun Country Health Region

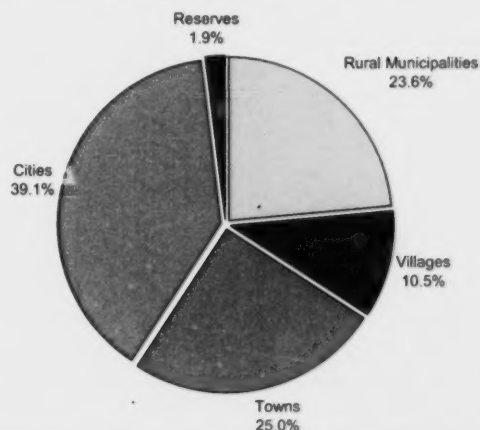


Our Region

The factors that determine the health status of the residents of Sun Country Health Region and the health of our communities also influence the delivery of health care.

- Our population is widely dispersed and largely rural.
- Our population is older than the provincial average, as are our health care employees.
- Our population is declining.
- Our population is aging, as are the people who provide informal care and support in our communities.
- Socioeconomic conditions overall are very good but with some disparities.

Population Distribution by Residence Type
Sun Country Health Region - 2006

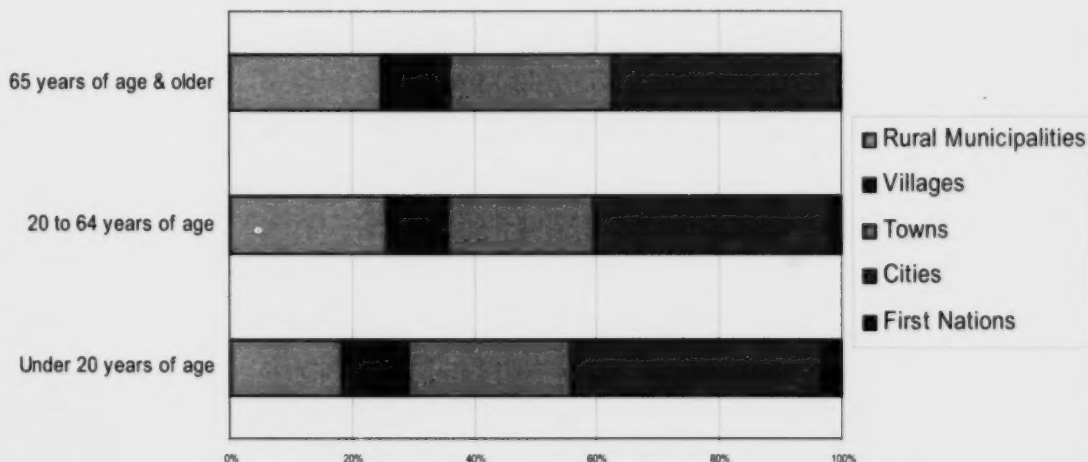


Region Overview

A rural population

The Region's population (52,804 residents) is 5.3% of the total provincial population. Only 39% of our population resides in cities. The other 61% of our population live in rural locations.

Residence by Age Group
Sun Country Health Region, 2006



About 65% of residents between 45 and 64 years of age, and 63% of those over 65 years of age live in rural areas such as towns, villages and farms. Farmers are one of the primary occupational groups in the region. In 2001, the average age of farmers in SCHR was just over 50 years.

From 2001 to 2006, the Region's population decreased by 5.5%.

Population Distribution Sun Country Health Region		
Covered Population	Province	SCHR
2005	1,021,080	53,839
2006	1,003,231	52,804
% Change	(-)1.75	(-)1.92
% Cities	56.0	39.1
% Towns	17.4	25.0
% Villages	8.6	10.5
% RMs	13.4	23.6
% First Nations Communities	4.6	1.9
% 65+ Years	14.7	17.7
% Registered Indians	10.4	2.5

In 2001, the median age was 39.3, which exceeded the median age of Saskatchewan (36.7) by three years. The top median age for cities was 39.8 years, for RMs was 45.8 years and for villages was 62.5. The cities of Weyburn (39.8) and Estevan (35.3) tend to be younger. The oldest communities tend to be concentrated in the most rural, agriculturally based and outlying locations of the region. The younger communities are located along the Weyburn/Estevan corridor (Highway 39).

About 17.7% of our population is over the age of 65. From 1998 to 2006, the proportion of our residents aged 45 and older increased from 37.3% to 43.2 % (compared to 39.7% for the province) and the proportion of our residents less than 15 years of age decreased from 20.7% to 18.1%.

In 2001, 19% of residents reported providing unpaid care or assistance to seniors. This compares with 17%, on average, for Saskatchewan. The most unpaid assistance has been reported from the communities and rural municipalities along the furthestmost boundaries of the health region, where as many as 41 per cent of residents report providing unpaid care or assistance to seniors. At present the senior population, especially those living in the outlying rural areas, rely on assistance from family and friends and this unpaid assistance plays a vital role in maintaining both the health and quality of life of seniors.

Ensuring the provision of primary health care and other health care services to an aging population will be the challenge in years to come and may shape the delivery of our health system. Many of our residents must travel for specialized health services both within the region (Weyburn or Estevan) and beyond our region (mainly to Regina). Access to Telehealth sites has reduced travel for some staff and clients. The expansion of Telehealth sites and services in the future will be an ongoing benefit to residents and staff in the region.

Over the next decade, the development of primary health care sites will be a key component of service delivery. Increasing the delivery of home and community-based services has also helped to overcome these geographic challenges.

Economic indicators

Overall, economic indicators are positive. In 2001, the unemployment rate was 3.4%, compared to 6.3% for Saskatchewan. The long-term unemployment rate was 1.4%, compared to 3.2% for the province (range was 1.3% to 21.2%)

The median family income was \$52,028 in 2001, comparing favourably with the province at \$49,000 in 2001.

The proportion of low-income families was 7.6%, or 1,100 families, compared to 11.8% for Saskatchewan (range was 7.6% to 40.1%). The proportion of lone parent families was 9.5%, compared to 15.8% for Saskatchewan.

In 2001, 86% of the residents lived in single detached houses and 78% did not have a mortgage. Individual incomes in 2000 were 109% of the rural average and only 15% of income was from government transfers, compared with 18% provincially. Just over 16% of households had incomes in excess of \$80,000, compared with only 13.5% provincially. (Saskatchewan Trends Monitor, 2004).

There are significant income disparities within SCRHA. Typically, the oil and gas driven communities fare much better (up to \$98,000 for median family income) than those communities in which the primary industry is farming (median family income ranges from \$28,000 to \$48,000).

Population Declining

The population in our rural areas continues to decline more than the population in our cities.

Some rural areas have seen population declines as high as 37%. Although the cost of living tends to be lower in smaller centres, it is important to recognize that low income impacts on community and individual health status both directly and indirectly. The lower populated areas of the regions are linked to lower income families whose populations are more reliant on locally available services (both formal and informal), for food, recreation, health and education.

As the rural population becomes more isolated and depopulated there will be impacts on future staffing and direction setting for both community-based care (mental health and addictions, home care, public health) and the long term and acute care sectors. This is already a challenge and makes it essential to work with community partners. It also speaks to the importance of accessible primary health centres, and ensuring equitable community-based and acute care services. SCRHA is very committed to establishing and maintaining primary health sites and working within and modifying existing frameworks to help address these challenges.

Health Status and Outcome Indicators

Infant Mortality Rate

The Infant Mortality Rate (IMR) is a standard measure of the overall health of a community. Elevated IMRs are associated with poverty, low birth weight, high teen pregnancy rates and other factors. Between 1999-2001 and 2002-2004, the low birth weight rate rose from 4.3 to 5.5. This change reflects a small number of births and is not statistically significant.

Programs like the Parent Mentoring Program and the Parent Skills Education program provide all parents, and particularly those at high risk, with some of the supports traditionally provided by extended families. Formal pre- and post-natal services like community-based public health nurses, family physicians, and mental health practitioners also play a vital role with mothers requiring support for the best pregnancy outcomes.

Indicator	RHA Value	Provincial Value	Range	SCRHA Target
Health Status and Outcome Indicators				
Infant mortality rate per 1,000 live births 2002-2004	8.0 95% CI 3.8-12.3	5.9 95% CI 5.1-6.7	4.0 – 10.5	Less than or equal to the Saskatchewan Indicator* *No statistically significant difference from the Saskatchewan Indicator
Low birth weight rate per 100 live births 2002-2004	5.5 95% CI 4.4-6.6	5.4 95% CI 5.2-5.6	3.7 – 6.0	
High birth weight rate per 100 live births 2002-2004	14.7 95% CI 13.0-16.4	15.7 95% CI 15.2-16.0	12.9 – 31.1	

Life Expectancy

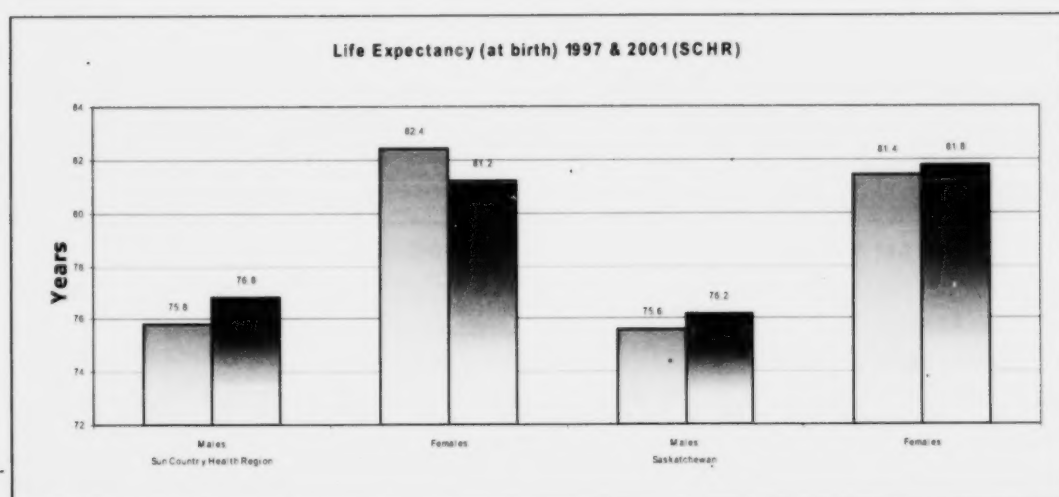
Generally, the health status of residents is good and this reflects the positive underlying determinants of health. Life expectancy at birth (76.8 years for males and 81.2 years for females) is similar to the provincial average (76.2 years for males and 81.8 years for females). This is also true for life expectancy at age 65 years.

The leading causes of potential years of life lost (2001) are malignant neoplasms, cancers, (1,706.8/100,000 population), unintentional injuries (1,209.9), and circulatory diseases (817.9), compared to 1,483.1, 1028.0, and 951.5 respectively for the province. A five-year average (1995-1999) of potential years of life lost in SCRHA showed motor vehicle traffic accidents (552.0/100,000 population), suicide (522.5), lung cancer (386.8), acute myocardial infarction (347.8), and breast cancer (232.1) as the top five causes compared to 546.4, 483.1, 369.0, 339.8, and 153.1 respectively for the province (A Surveillance Report of Deaths in Saskatchewan Regional Health Authorities, Population Health Branch, Saskatchewan Health, March 2005).

Disability-free life expectancy, an important indicator of quality of life and not just length of life, also compares favourably with the provincial average. Women in SCRHA can expect that 13.2 of the 20.6 years of life expectancy after 65 years of age will be disability free. Men can expect 11.1 of the 16.7 years to be disability free. Although the majority of the golden years for seniors are disability free, as access to informal support from families and friends continues to decline, it will be particularly important to maintain and augment community and home-based services since the senior population has continued to live mainly outside the larger centres of Estevan and Weyburn.

There appears to be a decrease in the life expectancy, from birth, of females in SCRHA compared to the provincial rate but there is no statistically significant difference between the estimates in 1997 and those of 2001.

SCRHA's goal is that the life expectancy indicators should be equal to the Saskatchewan indicators (or not statistically significant different from those indicators).



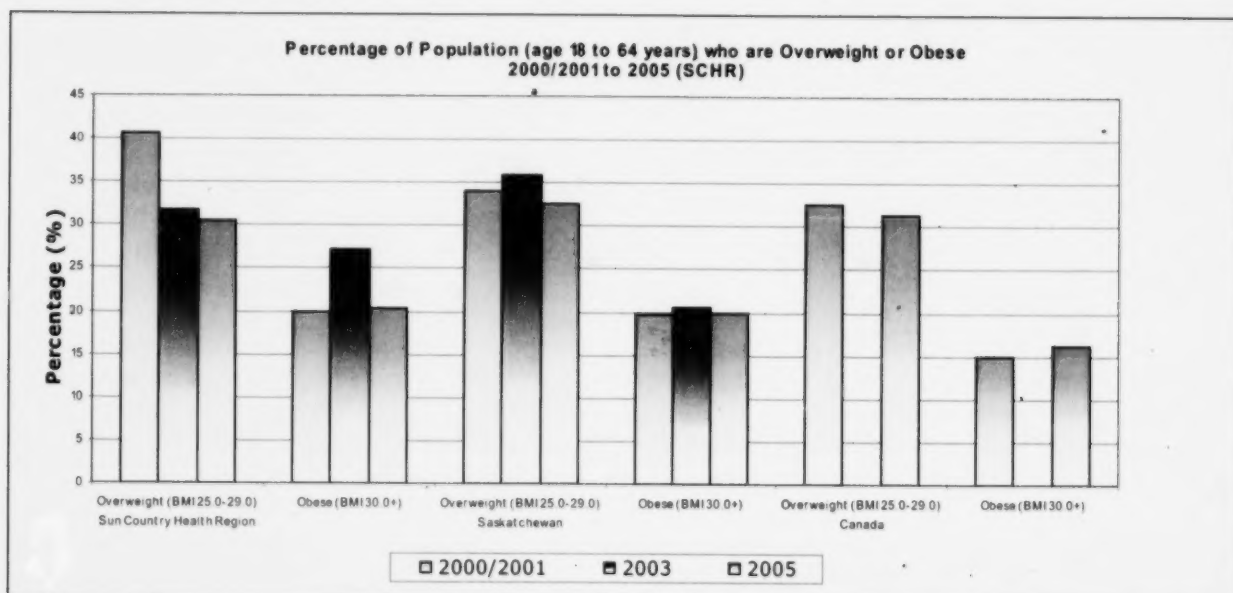
Indicator		RHA Value	Provincial Value	Range	SCRHA Target
Health Status and Outcome Indicators					
Life expectancy 2001 (at birth)	Males	76.8 95% CI 75.8-77.8	76.2 95% CI 76.0-76.5	72.1 – 78.2	Greater than or equal to the Saskatchewan Indicator*
	Females	81.2 95% CI 80.2-82.2	81.8 95% CI 81.5-82.0	76.1 – 82.8	
Life expectancy 2001 (at age 65 years)	Males	16.7 95% CI 16.2-17.3	16.9 95% CI 16.8-17.1	15.6 – 18.0	*No statistically significant difference from the Saskatchewan Indicator
	Females	20.6 95% CI 20.0-21.1	20.9 95% CI 20.7-21.0	17.2 – 21.8	

Obesity and Physical Activity

Recreational opportunities can be limited in smaller, less-populated rural communities. One indicator that reflects limited recreational opportunities is the percentage of the population that is overweight or obese.

SCRHA rates are very similar to the Saskatchewan rates. In 2005, 30.53% and 20.35% of residents aged 18 to 64 were overweight and obese respectively compared to 32.52% overweight and 20.03% obese in Saskatchewan. Although the percentage of overweight residents has declined by almost 10% in five years, the proportion that is obese has increased slightly.

SCRHA has convened a multisectoral interdisciplinary task group, with representatives from education, communities, health, In-Motion, activity workers, population health promotion, educational administrators, home care, falls prevention staff and others. Facilitating and supporting recreational opportunities in regional communities is a priority area for this task group and is a key element of the Population Health Promotion Action Plan.



Indicator	RHA Value	Provincial Value	Range	SCRHATarget
Health Status and Outcome Indicators				
Percentage of population (age 18 to 64 years) who are overweight or obese ¹⁵ 2005	Overweight (BMI 25.0-29.0)	30.53% 95% CI 26.75-34.31	32.52% 95% CI 31.45-33.59	30.53% – 36.12%
	Obese (BMI 30.0+)	20.35% 95% CI 17.04-23.66	20.03% 95% CI 19.12-20.94	16.88% – 24.19%
				Less than or equal to the Saskatchewan Indicator*
				*No statistically significant difference from the Saskatchewan Indicator

Indicator		RHA Value	Provincial Value	Range	SCHR Target
Health Status and Outcome Indicators					
Percentage of population (age 12 years and over) who report physical activity participation levels of active / moderately active or inactive 2005	Active / moderately active	48.25% 95% CI 44.15-52.35	48.62% 95% CI 47.48-49.76	38.60% – 53.35%	No statistically significant difference from the Saskatchewan Indicator
	Inactive	49.65% 95% CI 45.55-53.75	49.52% 95% CI 48.38-50.66	44.06% – 58.77%	

Self-Rated Health Status

The effects of aging, physical inactivity and obesity likely contributes to the lower self-reported health status and diabetes rates of residents. In 2003, 54 per cent of residents reported their health status as very good or excellent. This compares to 59.5 per cent for provincial residents. The proportion of residents who report their health status is very good has been stable since 2000/2001 at around 35%. This compares with the Saskatchewan and Canadian figures of 35.7% and 37%, respectively, in 2005. Those who rate their health status as excellent have declined from 20.8% to 16.3% from 2000/2001 to 2005. A similar decline was seen with Saskatchewan and Canada.

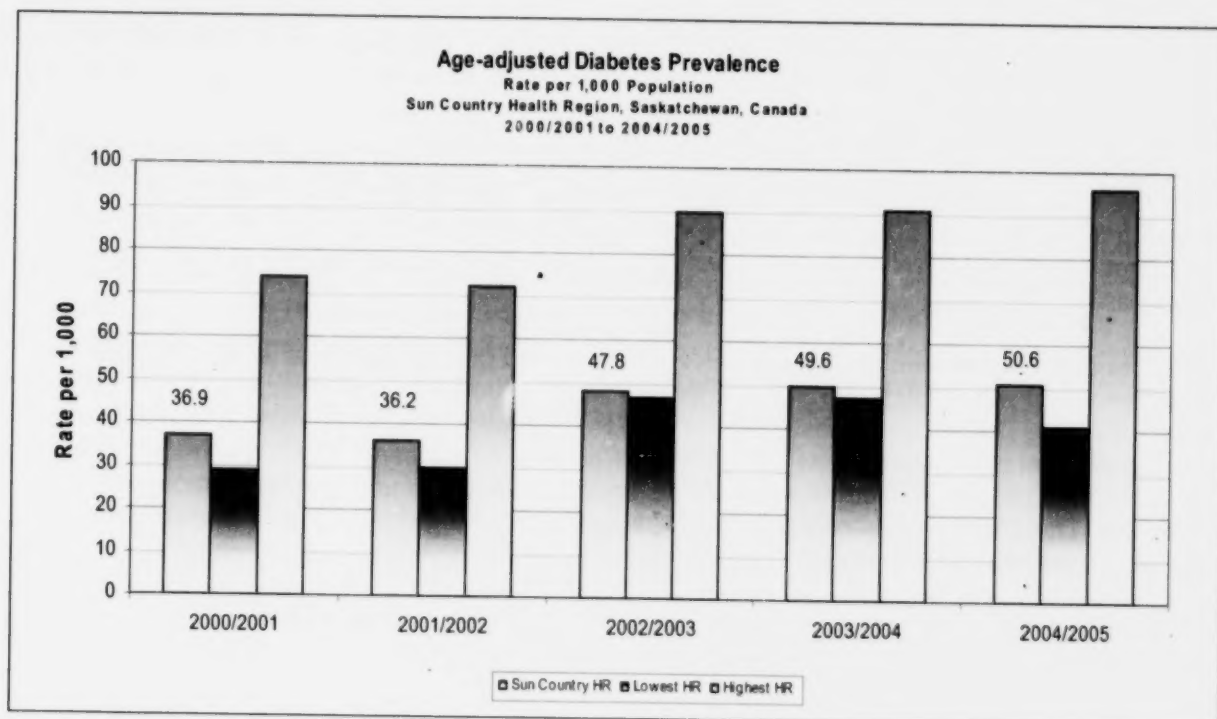
Both preventive and intervention-oriented initiatives impact on self-rated health status. Many of the priority areas identified in the Population Health Promotion Action Plan, such as accessible, nutritious foods, decreased substance use/abuse, active communities and mental well-being, also have an impact on health status. Improving self-rated health status requires multisectoral, inter-disciplinary, community-based interventions.

Indicator	RHA Value	Provincial Value	Range	SCRHATarget
Health Status and Outcome Indicators				
Self-rated health status: percentage of population (age 12 years and over) who report their health as very good or excellent 2005	52.11% 95% CI 48.01-56.21	52.35% 95% CI 51.21-53.49	39.86% – 57.96%	Greater than or equal to the Saskatchewan Indicator* *No statistically significant difference from the Saskatchewan Indicator

Emerging Health Issues

Diabetes

The high rates of physical inactivity (50% of residents aged 12 years and over report that they are not physically active) and obesity are likely major contributors to the increasing rates of diabetes. Since 2000/2001 the age-adjusted prevalence rate of diabetes has increased from 36.9% to 50.6% in 2004/2005. Diabetes rates have also been increasing in other health regions during this time period.



Injuries

The injury hospitalization rate for children less than 19 years of age is higher than the provincial value for both males and females but the difference is not statistically significant. These rates have remained relatively constant from 2002/2003, 13.1 for males and 8.8 for females, and have increased marginally for the province, from 9.3 to 10.4 for males and from 6.5 to 6.9 for females.

SCRHA's Injury Prevention Subcommittee continues to work on some of the major causes of injuries: motor vehicle accidents, falls and farm injuries. Hospitalizations, due to falls continue to be a major concern for seniors. The hospitalization rate for males aged 65 and older is 18.1/1000, compared to 14.7 for males in Saskatchewan. For females, the rates are 38.0 and 26.6/1000 for SCRHA and the province, respectively.

The Falls Prevention Subcommittee developed a multi-Region Falls Prevention Awareness Campaign to increase awareness about falls among both community dwelling seniors and health professionals, focusing on prevention and training.

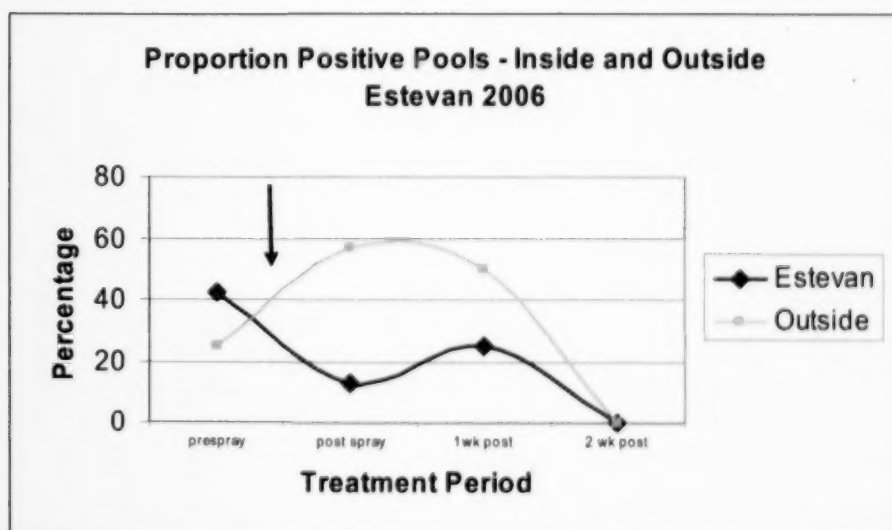
Indicator		RHA Value	Provincial Value	Range	Target
Health Status and Outcome Indicators					
Injury hospitalization rate per 1,000 population (age 0 to 19 years) 2004/2005	Males	13.1 95% CI 10.4-15.8	10.4	7.3 – 27.0	Less than or equal to the Saskatchewan Indicator*
	Females	8.8 95% CI 6.6-11.1	6.9	4.8 – 12.9	*No statistically significant difference from the Saskatchewan Indicator

West Nile Virus

The emergence of West Nile virus (WNV) in Saskatchewan continues to pose a threat to health in SCRHA. Many areas provide ideal habitat for the *Culex tarsalis* mosquito. With the warm weather in the summer of 2006, residents experienced a substantial risk for serious human illness (high numbers of WNV infected mosquitoes and increasing populations of *Culex tarsalis* mosquitoes) in Estevan.

SCRHA, in consultation with Saskatchewan Health, carried out a program of adult mosquito control (spraying) within the Estevan city limits in August, 2006. The goal was to reduce the risks of West Nile virus (WNV) transmission to the human population from large numbers of infected *Culex tarsalis* that had entered Estevan. SCRHA was the first Regional Health Authority (RHA) in the province to do so. Residents received advance media notice and a public notice to all households. The effectiveness of the spray treatment in reducing *Culex tarsalis* and other mosquito numbers was 68 and 55%, respectively.

Effects of Spraying on Proportion of WNV Positive Mosquito Pools



(Arrow indicates spray event (Aug. 7-8, 2006))

Influenza

Preventing influenza, and the secondary complications from influenza, requires a coordinated approach. As the population continues to age, protecting residents through annual seasonal influenza immunization will become increasingly important. In 2006-07, SCRHA focused on increasing immunization coverage rates in children 6 to 23 months of age and the employees of long term care facilities.

With a goal to continue the momentum-building with influenza immunization coverage rates within SCRHA, a targeted working group promotion was developed. Five facilities with the lowest staff influenza immunization coverage rates were targeted. Data and information unique to those facilities were gathered and incorporated into facility-specific presentations. SCRHA had one of the highest staff uptake rates in Saskatchewan at 74.4 per cent coverage in 2005. A goal of 85 per cent was set for the 2006 season. Long term care resident coverage rates were compared to staff coverage rates. The urgency of pandemic influenza preparedness was also evaluated. In the end, a team effort was put forward and major achievements were made, with one facility experiencing a 73 per cent coverage rate in 2005 and increasing to a 92 per cent coverage rate in 2006.

Influenza immunization coverage rates in 2006 were:

- Residents of long term care facilities – 93.9% (up from 93.4% in 2005)
- Employees of long term care facilities - 80.6% (up 6.5% from 2005 – 74.1%) and in the six targeted long term care facilities, immunization coverage rates increased from 1.1% to 27%. Three of the six facilities achieved coverage rates of over 80%.
- Children 6 to 23 months of age – 43.7% (up from 25.9% in 2005).

Institutional Outbreaks

As the population continues to age, Special Care Homes will become “home” for larger numbers of individuals and individuals at increased risk for the complications of infectious diseases. Creating and maintaining a safe and healthy environment where quality of life is optimized is a priority, and the work of the SCRHA Infection Control Committee and employees is crucial.

From January 1, 2006 to December 31, 2006, SCRHA experienced the following outbreaks:

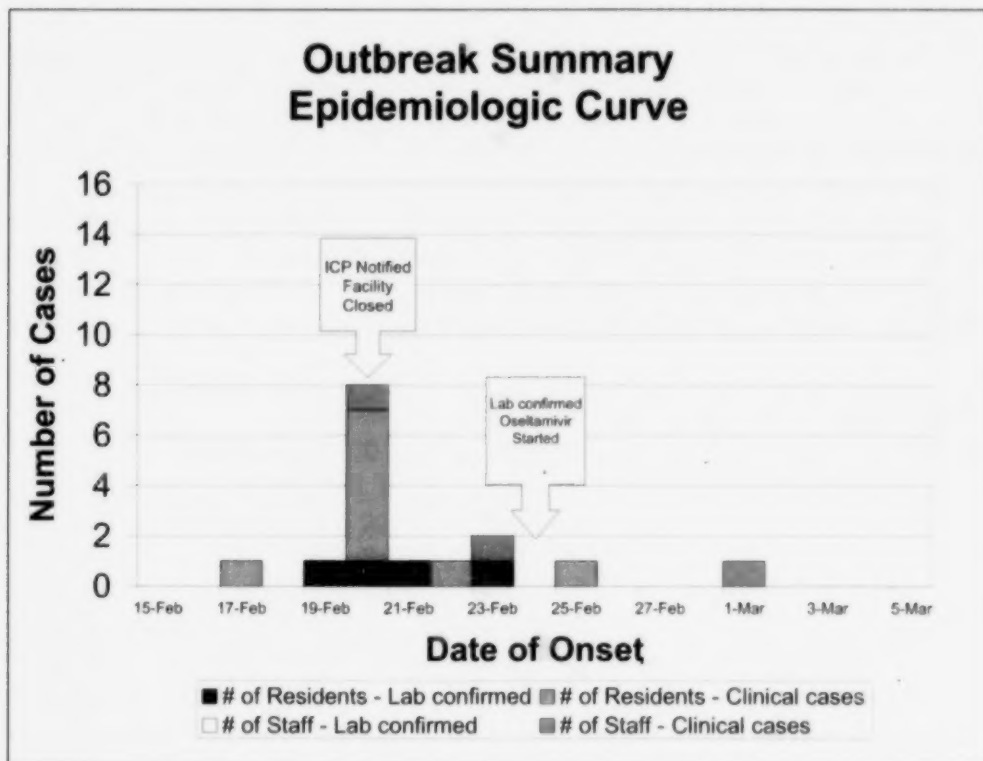
- Norovirus – 17 outbreaks
- Parainfluenza Type 1 - 3 outbreaks
- Influenza A – 3 outbreaks
- Respiratory outbreaks – 4 with no identified respiratory organism.
- Gastroenteric outbreaks – 5 with no identified organism

The following chart illustrates the duration and extent for one of the influenza outbreaks in a long term care facility in SCRHA in 2006.

The attack rate in the long term care residents was 32% and the attack rate was 7% in staff. The attack rate in unvaccinated residents (100%) was three times higher than the attack rate in vaccinated residents (28.2%). One facility was closed for 15 days.

SCRHA's Infection Control Committee has adopted a Respiratory and Gastric Outbreak protocol requiring facilities to report an increased number of infections to Infection Control. When an outbreak has been declared, a number of infection control measures are implemented.

Admissions/transfers and visitors (except on compassionate grounds) may be suspended for the duration of the outbreak. Ill residents are placed on isolation precautions, environmental cleaning is enhanced, staff is cohorted if possible, work exclusions for staff reporting illness and for staff working at multiple health facilities/settings are in place.



2006-07 Results at a Glance

During 2006-07, SCRHA achieved many objectives and reached many successes that are in line with its strategic goals. There were also challenges in obtaining some goals and desired results. Below is a summary of the important highlights, these are discussed further in the 2006-2007 Performance Results section that follows.

Provincial Goal #1

Improved Access to Quality Health Care Services

- Exceeded the provincial average for providing several levels of surgical cases within the target time frames.
- New diagnostic imaging equipment placed in Arcola Health Centre and Oxbow Health Centre.
- Construction of a new renal dialysis unit started.

Provincial Goal #2

Effective Health Care Promotion and Disease Prevention

- Adoption of new Tobacco-free Policy for all SCRHA facilities and grounds.
- Satisfaction survey completed for Home Care Services.
- Mental Health and Addictions Coordinator hired as part of Project Hope.
- 85 per cent influenza immunization rate for staff in several facilities.

Provincial Goal #3

Retain, Recruit, and Train Health Providers

- Ongoing human resources initiatives to improve quality in the workplace.
- Enhanced recruitment and retention activities.
- New Corporate Image and logo developed.
- Employment Services Coordinator hired.

Provincial Goal # 4

A Sustainable, Efficient, Accountable and Quality Health System

- Year over the year, SCRHA has maintained balanced budgets.
- Board meetings are held in public in both Weyburn and Estevan. Meeting notices placed in newspapers across SCRHA.
- SCRHA activities distributed through internal and external newsletters and placed on website (www.suncountry.sk.ca).
- Eleven Accreditation Teams meet regularly to review the quality of care and service that is being provided and make improvement plans as warranted.

Financial Summary

Sun Country Regional Health Authority ended the 2006-07 year in a positive financial position, posting an operating surplus of \$1,137,151 for the fiscal year end March 31, 2007. The total operating revenue was \$103,165,230, and the total operating expenditures were \$102,028,079.

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2006-07 Performance Results

Introduction

The Department of Health has set annual accountability expectations of SCRHA for performance monitoring, regular reporting and performance assessment. The *mandatory performance management measures and indicators* on which SCRHA will be measured against during 2006-07 are highlighted here and organized around the provincial health system goals. A complete set of indicator tables for the 2006-07 Performance Management Summary are located on pages 47-57 of this report.

Goal 1: Improved Access to Quality Health Services

Overview

Improving the public's access to quality health services was a major goal in 2006. SCRHA also continues to work with SaskHealth and our catchment communities to establish new primary health care sites.

Recruitment and retention of qualified professional staff continued to challenge the strategy to improve the quality of acute care services to residents. An inability to recruit a second doctor for the Arcola/Carlyle and area community resulted in a closure of acute and emergency services at the Arcola Health Centre for about four months in the past year. Only one physician was available to provide clinical services. Insufficient staffing also resulted in minimum laboratory and x-ray services provided at the Bengough and Coronach Health Centres for part of the year. SCRHA is working diligently to recruit new staff so full service will again be offered at those sites.

In all of those instances, careful planning and backup ensured a planned approach for meeting the majority of the health needs in the community.

Results: **Wait times**

Waiting time for surgery is an important dimension of accessibility. Delays in service could have quality of life consequences for clients and result in both clients and families being discouraged from future care-seeking behavior.

- SCRHA exceeds the provincial average for providing several levels of surgical cases within the target time frames. About 67.9 per cent of Priority Level I clients have access to surgery within the provincial government's target time frame of three weeks, while 85.2 per cent of Priority Level II clients receive surgery within the provincial time frame of six weeks. Target time frames for Priority Level III and IV are exceeded.
- In 2006-07, SCRHA exceeded its performance targets for the number of surgeries, performing 45 more surgical cases while exceeding last year's numbers.
- Access to general surgical services was improved when a surgeon from St. Joseph's Hospital in Estevan began providing surgery in Weyburn General Hospital. Three itinerant surgeons now provide services in Weyburn.

Indicator		RHA Value	Provincial Value	Range	SCRHA Target
Acute Care					
Percentage of Priority Level I, II, III and IV surgical cases completed within target time frames ¹³ 2006/2007	Priority Level I within 3 weeks	67.9%	57.3%	43.7% – 97.4%	95%
	Priority Level II within 6 weeks	85.2%	43.8%	0.0% – 96.6%	90%
	Priority Level III within 3 months	96.6%	63.9%	43.3% – 100.0%	90%
	Priority Level IV within 12 months	100%	88.0%	79.3% – 100.0%	90%
Cumulative number of surgical cases performed as a percentage of target and variance from target ¹³ 2006/2007	Percentage of target	108.0%	98.3%	85.2% – 122.4%	100%
	Variance from target	+45	not applicable	not applicable	not applicable

Results: Telehealth

SCRHA met the provincial goals for provision of clinical services through Telehealth and will continue to work to increase access.

- Administrative use of Telehealth has increased dramatically over the past year, reducing travel time and increasing staff access by providing education sessions or meetings at more local sites. More education sessions open to the public, such as one for diabetics, were held as well.

Results: Health Information Management

A new registration system for residents/patients was installed in the health centres in Arcola, Kipling and Redvers during 2006-07, saving time for both staff and patients during registration. The system is another phase toward the creation of a province-wide and then, Canada-wide electronic health file.

Results: Diagnostic Equipment

SCRHA's medical imaging services continued to improve with the addition of new diagnostic imaging equipment in Arcola Health Centre and Oxbow Health Centre. With this new equipment, the quality of all images has significantly improved, providing more detail to the physicians and turnaround time has been reduced.

- Several new types of laboratory equipment were also put in place to assist physicians with diagnosis, to improve access to quality health care. Rural physicians have equipment to quickly diagnose a heart attack.
- With the assistance of Saskatchewan Health Information Solutions Centre (HISC), a new laboratory information system in Weyburn General Hospital means quicker reporting and more efficient procedures for staff.

Results: Primary Health Services

SCRHA supports the federal and provincial government philosophy that the improved health status of its residents and improved access to services require partnerships with communities and new approaches in providing care.

SCRHA is committed to the principles of primary health care and the utilization of a Primary Health Care model of service delivery. It is working with SaskHealth and the local communities to create new sites for residents.

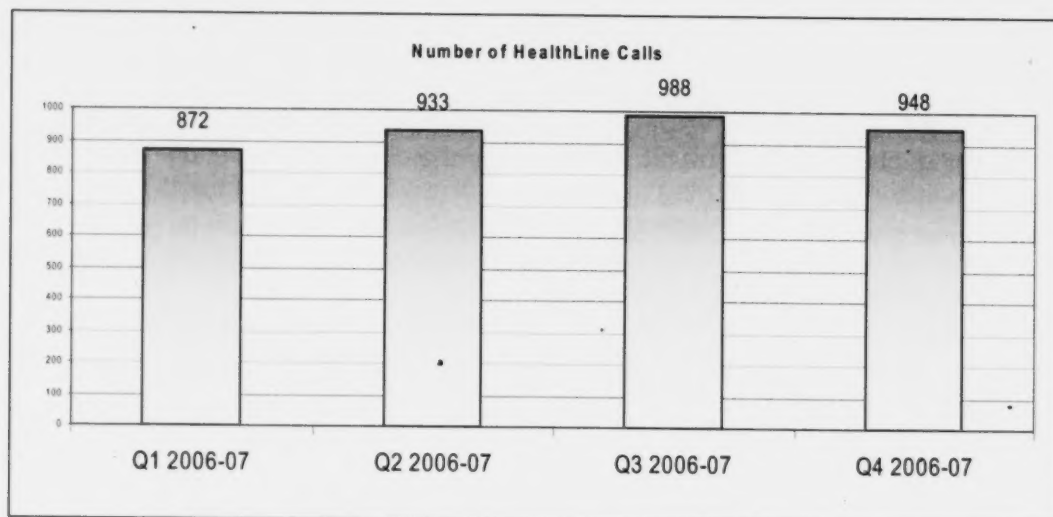
- During the first quarter of 2006-07, over 2,600 clients received primary health care services from a site in Estevan. SCRHA exceeded the target of reaching 25 per cent of the population by 2006 (see Primary Health Care Teams chart).
- Primary Health Care Services were discontinued in May 2006 when SCRHA's primary care agreement with the Estevan Medical Clinic ended.
- SCRHA continues to send collaborative teams through the Region, made up of dietitians, pharmacists, social workers, and other members of the health care sector.
- SCRHA has established a revised target, to provide Primary Health Care to 25 per cent of the population by 2007-08, with a goal of 100 per cent within 10 years.
- A new Primary Health Care proposal for the Arcola/Carlyle Health Centre was approved by Sun Country Regional Health Authority in January, 2007.

Regional Health Authority				
Number of Discrete Clients Receiving Primary Health Care Services in the RHA – 2006/2007				
	Q1	Q2	Q3	Q4
Sun Country	2,624	0	0	0
<p>Source: General Practitioner and Allied Health Professional billing data processed through the Physician Claims System, Medical Services Branch (MSB), Saskatchewan Health on a date of payment basis.</p> <p>Data Provided By: Primary Health Services Branch (PHSB), Saskatchewan Health Medical Services Branch (MSB), Saskatchewan Health.</p> <p>Table Last Updated: May 4, 2007 (based on data provided April 25 and May 1, 2007)</p> <p>Notes: Discrete clients are the patients of the primary health care team within the regional health</p>				

Results: HealthLine Calls

Strong use of HealthLine in SCRHA is a reflection of the increased public awareness of the service and the reduction physician and nursing services in some quarters in the Region.

- Residents continue to steadily increase their calls to HealthLine, with 3,741 called during the whole year. The number grew from 872 in the first quarter of the year, to 948 in the fourth quarter.



Results: New Renal Dialysis Unit

In past years, residents of SCRHA have traveled two hours each way to Regina for a dialysis treatment three times a week.

- Construction began late in 2006 on a \$1.7 million renal dialysis unit for residents, to be located at St. Joseph's Hospital in Estevan. The new dialysis unit, which is expected to be open in late 2007, will improve access for 12 patients on a weekly basis.
- A joint fund-raising committee, with representatives from St. Joseph's Hospital Board of Directors and SCRHA, has been established to raise about \$500,000 for new equipment. The Kinsmen Foundation is one of the first to step forward to help purchase equipment for the new dialysis unit.

Results: Patient Safety Committee

A Patient Safety Committee helps to promote a philosophy of care that is patient/client/resident and family centred. The committee champions system-wide changes to improve or re-design practices and processes that eliminate or minimize the occurrence of adverse events.

- A Patient Safety Committee was established by SCRHA staff in 2006-07 to create a culture committed to excellence and patient safety. The committee is chaired by the Director of CQI (Quality Improvement). The SCRHA has advertised for members of the public who have experienced an adverse health care event to participate on the committee.

Goal 2: Effective Health Promotion & Disease Prevention

Overview

Reducing reliance on the acute care sector by preventing illness helps to conserve valuable financial and human resources. Programs like child health clinics, public immunization programs (influenza, pneumonia, international travel), education/awareness campaigns (accidental falls, mental well being), etc. provide the framework for a healthy community.

Continued work within existing intersectoral frameworks (such as SchoolsPLUS, InMotion, Regional Intersectoral Committee, and Understanding the Early Years) is necessary for successful work on population health promotion strategies.

This is challenging, given the geographic expanse and the difficulties (time, distance for travel, financial cost) associated with ensuring meaningful and appropriate community and professional participation. With initiatives like Telehealth, these barriers can be reduced.

Results: Promoting Healthy Choices

SCRHA believes that effective health promotion and disease prevention results in healthier communities and societies. Four priority areas in the Population Health Promotion Action Plan – Mental Well-Being, Decreased Substance Use/Abuse, Accessible, Nutritious Foods and Active Communities – have been established, with multi-sectoral task groups in each area.

- An interactive educational exhibit for school children called Body Walk, to demonstrate various parts of the body and their function will be presented in local schools in 2007.
- SCRHA's Physical Activity Coordinator for staff worked with a facility manager to create a workplace program called Active 8 that will encourage support and assist staff to discover success in a physically-active lifestyle. This program will be integrated and shared with all regional staff.
- SCRHA hosted a PACE Canada training workshop to assist health professionals in effectively increasing their patients' physical activity levels.
- A workshop for all interested stakeholders using the Asset Approach to the 40 Elements of Healthy Development is being planned.
- The Region's physical activity coordinator helped to distribute activity bags to Weyburn senior housing groups and the senior centre.
- The Active Communities Committee is planning a regional senior's symposium in 2008 with educational, physical activity, and social sessions.
- Public Health staff drafted a regional food policy to serve as a role model for the community.
- Public Health staff contributed to the formation of an Accessible Nutritious Foods Task Group in 2006. One off-reserve school has adopted a healthy food policy.
- A Population Health Promotion Steering Group has been created to guide the collective action of the partners in planning, implementation and evaluation of the Population Health Promotion Strategy.

Results: Substance Abuse

A Reduced Substance Abuse subcommittee is in the preliminary stages of exploring two plans: 1) The Community Alcohol Policy Logic Model would advocate an alcohol policy to influence the norms and beliefs around the role of substance use and abuse in our communities and to highlight that alcohol is not necessary for one to function or be socially accepted; 2) A Logic Model for a Youth Advisory Network is to be developed giving youth a voice in community decision making and leadership.

- A 2006 needs assessment survey revealed that alcohol continues to be the substance of choice for misuse and abuse in both youth and adults in the region. Marijuana is the second most used drug in youth. Working adults tend to use marijuana and cocaine at about the same rate. Ecstasy and crystal methamphetamine appear to be used very little in SCRHA.
- SCRHA is working with Prairie South School Division in Coronach to develop a policy encompassing all four areas of the Population Health Plan, to be followed by implementation of a work plan using the 40 Developmental Assets.

Results: Tobacco Control

SCRHA believes it is a responsibility of a health organization to advocate for a Tobacco-Free Environment. Reduction of exposure to second hand smoke through education and updated policies are excellent ways to promote health and prevent disease.

- SCRHA began planning in the fall for a revised Smoke and Tobacco Free Environment policy, effective May 1, 2007 that will create a tobacco-free environment in all Regional facilities, properties, grounds and vehicles. An essential part of the policy is to provide smoking cessation supports and Nicotine Replacement Program (NRP) for staff and clients who meet the criteria.
- The Health Promotions Coordinator & Fly Higher Advisor developed a very successful city-wide Anti-Smoking Project with the Estevan Comprehensive High School in March to raise awareness about the harmful health effects of tobacco.
- Compliance of facilities with the Saskatchewan Tobacco Control Act was close to 100 per cent. SCRHA followed up on all complaints and took enforcement action on a few occasions.

Results: Project Hope

Project Hope funding is utilized to enhance current population health promotion activities in the Region. Funding has been also utilized for prevention materials and resources which are shared with partners and stakeholders in the Region.

- SCRHA received funding under the Project Hope banner to hire a Mental Health/Addictions Population Health Promotion Coordinator.
- SCRHA received funding to enhance its ability to provide outreach and support services for those youth receiving Community Treatment Orders or returning from the Secure Detoxification and Stabilization Unit, as well as those identified to be in need of services to assist in preventing the necessity of requiring admission to the Secure Detoxification and Stabilization Unit.

Results: **Southeast Regional Intersectoral Committee Partnership Agreement**

SCRHA believes in the importance of prevention, solution-finding focuses on identifying root causes of problems, not simply addressing the symptoms.

- A partnership agreement has been signed between the regional offices of human services departments, school divisions, Aboriginal authorities and the region to continue the activities and partnerships occurring at the Southeast Regional Intersectoral Committee to identify common directions and opportunities that can be collectively implemented.

Results: **Mental Health**

About half, of the 1,224 referrals to Mental Health Services were directed to the Child, Youth and Adult Community Services program.

- A new centralized intake process was initiated in January 2007 to better identify and manage clients at risk and those in crisis. The process addresses the safety issues of those who must wait for services. It will be available throughout SCRHA by June 2007.
- Child and Youth Services sponsored a workshop on "Self Mutilation" that was attended by health care related professionals from three provinces.
- Training sessions were conducted in the Mental Health Home Care Program to provide support to those with a newly diagnosed mental illness.
- A psychiatrist was recruited and arrived from the United Kingdom in May 2006 to fill our vacant second psychiatry position. By offering to accept a psychology Intern in 2005, we have been able to retain this person as a Registered Psychologist in 2006 after graduation.

Results: **Falls Prevention Program**

The Falls Prevention Sub-Committee developed a multi-Region Falls Prevention Awareness Campaign to increase awareness about falls among both community dwelling seniors and health professionals.

- SCRHA staff was trained to increase awareness of the various fall risks facing older clients, to increase recognition of a client's current fall risks and to increase awareness of available and appropriate referrals and community resources.
- An information/resource booklet entitled "Your Next Step: Falls Prevention Program" was developed and distributed at the training sessions to home care clients and to various professionals including physicians and physiotherapists.
- A pilot of the Timed Up & Go Assessment and Support Tool was completed and continues to be part of the Falls Prevention program.
- The Sub-Committee is gathering information on falls to identify and assess the risks and causes from a comprehensive, regional perspective. A trend has been observed that may have a significant impact on interventions. A continuous quality initiative subgroup will be further developed to assess the falls in the region in a comprehensive way. This information will evaluate best practice interventions.

Results: **Rural Community Diabetes Prevention and Management Project**

SCRHA believes that a strong team approach is the appropriate method to ensure a reduction in the incidence and complications of diabetes, and improved access to education and treatment services. About 2,200 people from the total population of 53,000 have diabetes.

- A Diabetes Prevention and Management training package was developed to enhance timely and equitable service to rural populations.
- As part of Health Quality Council's Primary Health Chronic Disease Management project, the primary health team in Radville has successfully adopted best practices.

Results: **Home Care**

One of the indicators of quality health care is the ability of clients to obtain service at the right place and time, based on need (accessibility). Home Care has implemented several initiatives to meet that standard of care.

- SCRHA streamlined the points of entry with a toll-free number for all clients.
- Client satisfaction surveys and an audit to determine if a client referral received response within 48 hours indicated that clients feel that they are obtaining Home Care service in a timely manner in the appropriate environment.
- A clinic model of providing service was piloted at Weyburn General Hospital in 2006, with plans for expansion to St. Joseph's Hospital in Estevan in 2007.

Goal 3: Retain, Recruit & Train Health Care Providers

Overview

Recruiting and retaining an adequate supply of qualified health care professionals is vital to ensuring a sustainable quality service. With an aging workforce similar or greater than the older age group in the public population, a higher than average out-migration of skilled workers, and the remote location of some of our facilities, rigorous efforts are required to attract skilled health care professionals. Not unlike the rest of the population, SCRHA employees are more often among the older age groups.

About 68 per cent of staff in Weyburn and Estevan, our two largest centres, is eligible to retire within 10 years. Up to 60 per cent of staff in rural facilities is eligible to retire within 10 years. Both of those figures indicate future challenges and reinforce the need for a commitment to and support of initiatives that enhance recruitment and retention of health care workers.

Results: Workforce Planning

Sick leave hours in SCRHA per full time equivalent (FTE) during 2006-07 is higher in all groups compared to the provincial average. This high absence from scheduled work creates pressure on the organization to maintain services due to limited replacement staff and results in increased overtime. Our aging workforce and the physical nature of work are contributing factors to the increased incidence of illness or injury.

- Total sick leave hours as a result of illness was 139,802 hours in 2006-07. This equates to approximately 72 FTEs.

Indicator		RHA Value	Provincial Value	Range	Target
Workforce Planning					
Number of sick leave hours per full time equivalent (FTE) by affiliation 2006/2007	Provider Unions (CUPE, SEIU, SGEU)	94.77	89.78	71.62 – 107.61	to be determined
	HSAS	86.41	65.62	44.65 – 92.53	to be determined
	OOS/OTHER*	61.46	47.34	27.68 – 61.46	to be determined
	SUN	89.88	89.34	63.83 – 96.84	to be determined
	Organization as a whole	90.57	84.12	64.15 – 93.63	to be determined

* OOS/Other - this statistic includes non-unionized frontline staff from one facility

Results: Overtime

A high overtime rate, though less than the provincial average, indicates a shortage of staff. Vacancies in several positions in the 28 facilities are covered by overtime hours. This situation is exacerbated by more vacation leaves for the long term employees and many other means of taking leave from the work place.

- The significant number of different job classifications and the general staff shortages presented a challenge in facilities where outbreaks occurred. There were a significant number of outbreaks in 2006-2007. Some facilities were quarantined and closed, resulting in the need to pay additional overtime.
- There are many staff vacancies in many classifications such as nursing and laboratory/x-ray that affect services in several locations.
- An aggressive marketing and recruitment initiative was initiated in 2006-07 to attract workers. SCRHA developed a new position dedicated to recruitment, placed more advertisements, attended additional career fairs, offering expanded bursaries and relocation allowances. A new more user-friendly website, expected to be ready in the summer of 2007 should assist with recruitment efforts. Numerous meetings with community members have also been held to develop joint marketing strategies to enhance recruitment.
- Student preceptorships have occurred in various professional disciplines, including nursing (acute care, community mental health, mental health inpatient and public health), public health inspection, population health promotion, social work, speech-language pathology, health records, psychology, pharmacy and food services.

Indicator		RHA Value	Provincial Value	Range	Target
Workforce Planning					
Number of wage-driven premium hours (overtime and other premiums) per full time equivalent (FTE) by affiliation 2006/2007	Provider Unions (CUPE, SEIU, SGEU)	29.19	36.85	16.36 – 91.10	to be determined
	HSAS	50.23	25.44	0.25 – 117.97	to be determined
	OOS/OTHER*	8.35	3.46	0.00 – 16.92	to be determined
	SUN	49.45	81.54	27.14 – 368.66	to be determined
	Organization as a whole	31.77	42.47	17.19 – 131.56	to be determined

* OOS/Other - this statistic includes non-unionized frontline staff from one facility

Results: Retention

Understanding what factors inspire staff to remain in a workplace is crucial to retaining today's staff members. The quality of the work environment has a direct impact on recruitment and retention. Therefore, improving workplace practices based on factors that enhance employee commitment is one of SCRHA's key initiatives.

- To involve employees in addressing retention, SCRHA began a Quality Workplace pilot project with employees in three facilities - Bengough Health Centre, Estevan Regional Nursing Home and Mental Health Services.

- A Transfer Lift and Repositioning Training Program was re-introduced across SCRHA to ensure staff can use safe lift and transfer techniques. As part of the program many new and improved pieces of equipment were purchased, such as patient lifts and electric beds, to reduce workload/workplace injury.

Results: **WCB Claims**

During 2006-7, SCRHA scheduled more employees for occupational/physical therapy services for functional and return-to-work programs. This enables employees to heal faster and return to work sooner. The number of lost-time WCB claims for full time employees has dropped slightly. This is an encouraging trend. A number of individuals are not expected to recover to an acceptable level to return to their former positions. Most of these employees may require further education to return to the work force. Vocational rehabilitation costs may begin to rise over the coming years as well.

The number of lost-time WCB days for full time staff has risen over the past year.

- When a time-loss claim is evident, a disability management program is developed and implemented involving the injured worker, SCRHA and the respective union.
- A growing number of musculoskeletal injuries to the back and shoulder require diagnosis and therapy then therapeutic and possibly surgical intervention. The key factor in WCB related time-loss is most often related to improper lifting or transferring of objects or clients. Wait lists for assessment services and/or surgery prolong the return to work period and increase overall operating costs.

Indicator	RHA Value	Provincial Value	Range	Target
Workforce Planning				
Number of lost-time WCB claims per 100 full time equivalents (FTEs) 2006/2007	5.51	7.67	0.53 – 10.00	to be determined
Number of lost-time WCB days per 100 full time equivalents (FTEs) 2006/2007	608.39	468.45	38.43 – 766.40	to be determined

Results: **Aboriginal Awareness Training**

SCRHA is helping to prepare the workforce for more First Nation employees through the provision of awareness training in aboriginal issues and culture. The program fosters a positive and supportive climate, with the hope of integrating aboriginal people into the workforce.

- To date, 438 of a total of 2,300 employees have received the training.

Goal 4: A Sustainable, Efficient, Accountable, Quality Health System

Overview

SCRHA supports the Provincial goal of a sustainable, efficient, accountable, and quality health system. The three SCRHA goals aligned with this Provincial goal are to provide an effective and comprehensive range of health services, to be fiscally responsible, and to ensure regular assessment of the services provided. SCRHA supports the regular evaluation of its services to make sure that its services are efficient and high quality, and meeting the needs of the client. SCRHA has undertaken several activities to support these goals.

Results: Communications and Issues Management

SCRHA recognizes that the foundation of an effective and responsive health system is regular and open communications with the public, its staff and physicians. SCRHA has taken steps in the past year to encourage this philosophy throughout the organization.

- Board meetings are held in public in both Weyburn and Estevan. Meeting notices are placed in newspapers within SCRHA.
- SCRHA activities are distributed through internal and external newsletters such as the Regional Sun, Sun Country Chatter and posted on the website (www.suncountry.sk.ca). Two new features have been added, both providing direct communication to the public/staff from the CEO.
- The volume of local news coverage about SCRHA and its activities/programs increased substantially during 2006.
- SCRHA advertised for one or more members of the public to sit on its new Patient Safety Committee to help create a culture of patient safety and increase the public's confidence.
- A new Green Pages section in three DirectWest telephone books was introduced that includes contact information for all programs and services provided.

Indicator	RHA Value		Target
Communications and Issues Management			
Key activities undertaken by RHA to address public confidence reported 2006/2007 [yes/no indicator]	Q1	Yes	significant activity is expected annually, but need not be reflected quarterly
	Q2	Yes	
	Q3	Yes	
	Q4	Yes	

Results: Acute Care

SCRHA continues to coordinate with physicians to provide more types of surgical procedures on a day surgery basis and to decrease in-patient post-operative stays, allowing more procedures to be done and help shorten wait times.

- In the past year, SCRHA performed over 56% of its surgical cases as day surgery, among the highest in the province.
- The higher level of day surgery frees up acute care hospital beds more quickly so surgeons can perform a higher number of surgical cases with the result of lower wait times for patients.

Indicator	RHA Value	Provincial Value	Range	Target
Acute Care				
Percentage of surgical cases performed as day surgery ¹³ 2006/2007	56.6%	56.3%	39.1% – 74.8%	not applicable

Results: Quality

Responding to public concerns has become a major priority. SCRHA believes in the need to be accountable to health consumers. It has a policy on disclosing adverse events to patients.

- SCRHA reviews incidents, including critical incidents, and has had several reviews of cases with the patient and family present at the review. There were 152 client contacts with the Quality of Care Coordinator for the year 2005-2006. This number is up from 134 from the previous year.
- A measure of the organization's effectiveness at responding to the concerns of clients is the number of concerns resolved within 30 days. Ninety per cent of concerns were resolved in less than 30 days. Concerns that are not resolved within 30 days usually involve several disciplines and are inter-regional in nature.
- SCRHA reports all critical incidents to Saskatchewan Health. For the fiscal year 2006-2007, 100 per cent of critical incidents met the notification time frame of three days. Of these critical incidents, 100 per cent met the submission time frame for written report of 60 days.

Indicator	RHA Value	Provincial Value	Range	Target
Quality				
Number of client contacts with the Quality of Care Coordinator to raise a concern 2005/2006	152	not applicable	not applicable	not applicable
Percentage of concerns raised with a Quality of Care Coordinator concluded within 30 days 2005/2006	90%	86%	66% – 99%	to be determined

Results: Information Technology Systems

Regional Health Authorities in Saskatchewan rely on an extensive information system. Future enhancements in information technology services will play a key role in the efficiency and effectiveness of health care service delivery. Since regionalization in 2002, SCRHA Information Systems have been challenged to provide reliable, accessible and consistent services.

- In February 2007, SCRHA retained IBM Global Services to conduct a detailed Information Technology Services Management (ITSM) review. IBM analyzed existing information systems and infrastructure to identify program gaps and recommend solutions to position the organization to meet current and future needs.
- It is anticipated that implementation of the ITSM recommendations will be phased in over the next three years due to limited financial and human resources to support the transition process.

Results: **Accreditation**

SCRHA's first Accreditation survey in May, 2005 resulted in a three-year Accreditation status, (Accreditation with Condition: Report). Progress reports were submitted in 2006 addressing several areas, including: aligning the work in developing indicators with the strategic plan; implementing the new performance appraisal tool; engaging in consultations with physicians to ensure patient charting occurs in a timely manner; carrying out fire drills on all shifts in all of the long term care facilities; and ensuring that double locked cupboards are available to store narcotics.

In November of 2006, SCRHA was awarded full Accreditation status.

Indicator	RHA Value	Provincial Value	Range	Target
Quality				
Date of last CCHSA accreditation or when accreditation is scheduled as of March 2007	May 2005 w/report	not applicable	not applicable	to be determined

Results: **Environmental Stewardship**

SCRHA adopted an environmental policy during 2006 stating that the Region has a direct responsibility for the environment and will endeavor to make consistent, measurable progress to implement safe and resourceful environmental practices, including purchasing supplies. The policy commits the SCRHA to promoting energy conservation and awareness and minimizing the environmental health and safety risks to its employees and the community in which it operates.

- SCRHA's Physical Plants Department is developing a region-wide energy management program to regulate energy consumption in the Region. A Building Energy Performance Index will be established. Energy conservation is to be monitored by performance measurement.
- About 3,000 pounds of paper products were recycled. The Housekeeping Department is investigating the establishment of a recycling bin at each of the 28 facilities to save on all landfills. SCRHA recycles pop cans, and milk containers/plastic.
- About 49,000 pounds of shredded confidential papers were shipped out in 2006, with the potential for increases in future years.

- The quantity of bio-medical waste increased slightly during 2006, with more surgery in the facilities. An audit of the waste stream determined all items were appropriately categorized.

Financial Summary

Overview

2006-07 was another successful year financially for SCRHA, as it posted a surplus of approximately \$1.1 million (1.1% of actual operating expenditures). This surplus did help to improve the negative working capital and helped SCRHA to continue to stay out of the line of credit of \$1.0 million.

Results: Financial

Overall, revenues were significantly higher than the 2006-07 budget (\$1.8 million or 1.7%) and the prior fiscal year 2005-06 (\$3.4 million or 3.4%), due to:

- Increased funding from Saskatchewan Health (\$1.2 million over budget and \$2.9 million over prior year) which is mainly for contracted salary increases, additional February Statutory Holiday and extra costs for Norwalk.
- Increase in the patient fees (\$257,000 over the 2006-07 budget and \$468,000 over prior fiscal year 2005-06) due to increases in Long Term Care rates and in Emergency Medical Service (ambulance) trips.
- Higher investment revenue (\$56,000 over 2006-07 budget and \$53,000 over prior fiscal year 2005-06) due to an increase in cash flow.

Salaries were under budget by \$1.3 million (2.14%) due to continued staff vacancies.

Drugs have decreased from budget (\$54,389 or 10%) and prior year (16,648 or 3.3%) due to regionalization of the distribution of drugs, and decrease in the use of more expensive drugs.

Grant to third parties increased from budget (\$749,260 – 4.9%) and prior year (\$1,377,867 – 9.39%) due to additional funding for CUPE retro, Joint Job Evaluation, and other unexpected costs throughout the year.

Medical and Surgical supplies increased from budget (\$171,960 or 15.32%) and prior year (\$116,542 or 9.89%) due to inflation, Norwalk outbreaks and an increase use of Safety Engineered Sharps Devices (SESD).

Medical Remuneration decreased from the prior year by \$1,347,508 (44.08%) due to the fact that the Primary Care Alternative Payments for the Estevan Primary Care site were stopped in May, 2006.

Rent/Lease/Purchase is higher than budget (\$364,157 or 59.56%) and prior year (298,694 or 44.13%). Since SCRHA was in a surplus, extra minor equipment that was needed was also purchased in 2006-07.

Repairs and Maintenance is higher than budget (\$460,017 or 55.48%) and prior year (\$409,010 or 46.47%) due to resurfacing the Weyburn General Hospital parking lot and other projects and renovations that occurred in 2006-07.

Indicator	RHA Value	Provincial Value	Range	Target
Financial				
Surplus (deficit) 2006/2007	\$1,137,151	not applicable	\$90,050 – \$7,861,926 ²⁹	\$0
Surplus (deficit) as a percentage of actual operating Expenditures 2006/2007	1.1%	not applicable	0.1% – 9.0% ²⁹	0.0% – 0.5%
Number of days able to operate with working capital 2006/2007	(22.45)	not applicable	(61.97) – 28.71 ²⁹	to be determined

Results: Program Support Services

SCRHA's program support costs for 2006-07 are in line with the provincial target of 5%. For the Past 3 fiscal years SCRHA has held program support costs to 5% or less, which indicates that administration costs are reasonable compared to overall expenditures.

Indicator	RHA Value	Provincial Value	Range	Target
Program Support Services				
Expenditures in program support funding pool as a percentage of total RHA operating expenditures 2006/2007	5.0%	not applicable	3.8% - 10.5%	12% for Mamawetan Churchill River and Keewatin Yatthe; 5% for all other RHAs

Future Outlook/Emerging Trends

SCRHA's Goals for 2007-08 remain largely unchanged from 2006-07. Our goals are consistent and aligned with those of the province and reinforced in the strategic planning framework.

SCRHA is committed to meeting the organizational and program specific expectations as set out in the Accountability Document in support of *The Action Plan for Saskatchewan Health Care and the 2007-08 Saskatchewan Health Performance Plan Goals and Objectives*.

SCRHA will continue to provide effective, comprehensive and an equitable range of health services to the residents of the South East within available human, physical and financial resources. Some of our key challenges and strategic initiatives for 2007-08 include:

Recruitment and Retention

SCRHA is committed to developing and funding a comprehensive recruitment and retention strategy. Current and future initiatives include an increased one-on-one focus on university graduates, aggressive preceptor programs, continued aboriginal programs, web site development, use of search firms, focused advertising, increased marketing of the benefits of living/working in the South East, and others.

Patient Safety and Quality

SCRHA has several initiatives planned to enhance the health, safety and quality of the health system for patients. The RHA is working to make patient safety everyone's priority and has created a Patient Safety Committee.

Primary Health Care

SCRHA is committed to establishing and maintaining primary care sites to help address these challenges. The Primary Health Care Team is very active in working towards improving regional access to quality primary care services.

Project Hope

SCRHA will continue to enhance the Project Hope provincial program to provide outreach and support services to youth.

Health Promotion and Illness Prevention

SCRHA will develop a concrete, health promotion and illness prevention plan for action over the next several years. Some of the recommendations will lead to potential projects from April 2007 to March 2008.

Information Technology

On March 27, 2007 IBM Global Services submitted the Final Report on the Information Technology Services Management (ITSM) Project. SCRHA will develop a multi-year implementation plan to address the recommendations. The stability, reliability and capacity of the Information Systems infrastructure and resources are central to SCRHA's ability to provide health care services across the health region.

Pandemic Planning

SCRHA will continue to develop a pandemic plan for Population Health. Development of the plan is ongoing and continues to evolve as more information becomes available through Canadian Pandemic Action Plan and provincial plans.

Strategic Planning

SCRHA has engaged an external consultant to facilitate the development of a new Three Year Strategic Plan for 2008-2011. The project commenced in March, 2007 and is expected to be completed by March 2008.

Operational and Service Review

The final report from Deloitte Inc. on an Operational and Service Review is expected in late Summer of 2007. The review is focused on all operational areas of our organization, including clinical, administrative and support areas. Opportunities identified may have implications for efficiency, investment and operating/service delivery models at an area/department or region wide level during 2007-08 and future years.

Renal Dialysis Project

Renovations to existing space at St. Joseph's Hospital of Estevan to house the new renal dialysis unit is expected to be completed by June 2007 with patients being treated by December 2007. There also will be expanded programs focusing on patients with chronic renal insufficiency.

Energy Management

The development of an Energy Management Plan for facilities across SCRHA is an important priority in 2007-08.

Accreditation

SCRHA is preparing for its second region wide Accreditation, which is expected to take place in the Spring of 2008. Comments and recommendations from the self-assessment followed by a survey visit by the Canadian Council on Health Services Accreditation (CCHSA) will help the organization continue to improve the care and service it provides to its clients.

Capital and Infrastructure

Capital and infrastructure renewal will continue to be required in the future to ensure modern and safe facilities are available to support patients/residents/clients/staff. SCRHA looks forward to participating in the facility assessment audits that VFA Canada Corporation has been contracted to undertake in July 2007 by Saskatchewan Health.

Governance and Transparency

The role of Sun Country Regional Health Authority (SCRHA) Board of Directors is to govern the organization to fulfill its mission of attaining optimum health through-out the lifespan. It is responsible to uphold its fundamental principles and values and to determine organizational performance based on satisfactory outcomes.

Collectively, the job of Sun Country Regional Health Authority Board, which cannot be delegated, is to:

1. Provide accountability to the residents for SCRHA activities.
2. Provide the link between the organization and the community.
 - 2.1 Provide SCRHA highlights to the public following regularly scheduled meetings.
 - 2.2 Hold open Board meetings monthly for public attendance.
3. Develop written governing policies which, at the broadest levels, address:
 - 3.1 Ends/Outcomes: Results, impacts, benefits and outcomes (what good, for which needs, at what cost). These policies are to include, but are not limited to a written mission statement, a statement of values and philosophy, and strategic goals.
 - 3.2 Executive Limitations (On the Means): Constraints on executive authority that establish the prudent and ethical boundaries within which all executive activity and decisions take place.
 - 3.3 Governance Process: Specification of how the SCRHA conceives, carries out and monitors its own task.
 - 3.4 Board of Directors-CEO Relationship: How power is delegated and its proper use monitored; the CEO role authority, and accountability.
4. Determine staff performance in achieving the results defined in the Ends/Outcome policies, and not exceeding the constraints in Executive Limitations policies, through monitoring and evaluation of the Chief Executive Officer.
5. Develop statements of principles and positions related to public policy that represent the health interests of the community.

More specifically, the SCRHA will:

1. Focus chiefly on intended long term impacts on the community outside the organization, not on the administrative or programmatic means of attaining those effects.
2. Direct, control and inspire SCRHA through the careful deliberation and establishment of the broadest organizational values and perspectives. Policies will address:
 - (a) the desired results;
 - (b) the boundaries of prudence and ethics;
 - (c) SCRHA roles and responsibilities and
 - (d) the Board-CEO relationship.

3. Enforce upon itself and its members whatever discipline is needed to govern with excellence. Discipline will apply to matters such as attendance, policy-making principles, respect of clarified roles, speaking with one voice, and self-policing of any tendency to stray from governance adopted in RHA policies.
4. Be accountable to the general public for competent, conscientious, and effective accomplishment of its obligations as a body. It will allow no officer, individual or committee of the RHA to usurp this role or hinder this commitment.
5. Initiate policy, not merely react to initiatives.
6. Monitor and regularly discuss the Authority's own process or performance. Provide continuity of its governance by continuing education and development.
7. Use the expertise of individual members to enhance the ability of the RHA as a body to make policy, rather than to substitute the individual's values for the group's values.

SCRHA Board of Directors

The SCRHA is governed by the Board of Directors. The SCRHA Board of Directors consists of 12 individuals from various communities within the Region who are appointed by the Minister of Health.

Committee Structure

The Committees of the Board of Directors exist to assist in decision making to carry out their responsibilities. The Board has two (2) working committees: the Finance and Audit Committee and the Executive Committee.

Finance and Audit Committee: Each member of the Board of Directors is a member of the Finance and Audit Committee. The Committee oversees the management of all funds, in accordance with Provincial guidelines and generally accepted accounting principles and auditing procedures and ensures that reporting requirements and public disclosure is adhered to in accordance with relevant legislation.

The Executive Committee: The purpose of the Executive Committee of SCRHA is to make decisions on behalf of the Board that require urgent attention when it is not possible to obtain a quorum of the Board.

- **Authority:** The Committee does not have authority to change or contravene Board policies.
- **Membership:** The committee consists of:
 - a. Board of Directors chairperson, who acts as chair of the committee.
 - b. Board of Directors Vice Chair
 - c. Board of Directors members
 - d. President/CEO
- **Administrative support:** The president/CEO or designate provides administrative support to facilitate the work of the Committee.

- **Meetings:** Meetings are held at the call of the chair. Minutes of the meeting are distributed to all members of the Board of Directors. Minutes of the meeting are maintained with Board of Directors' minutes.
- **Reporting:** The Executive Committee reports to the SCRHA Board of Directors by submission of a written report with appropriate verbal comment from the Committee Chair.

Health Advisory Networks

SCRHA has one Community Advisory Network. It includes the following areas: Pangman, Ogema, Radville, Bengough, Coronach and surrounding communities.

SCRHA has established working relationships with community based committees such as Community Foundations, Community Trust Committees, and Community Health Advisory Committees to accomplish the activities envisioned for the Networks.

The organizations we have built relationships with are:

- Bengough Health Advisory Committee
- Coronach Health Advisory Committee
- Pangman Health Advisory Committee
- Fillmore Community Health Advisory Committee
- Carievale Community Health Advisory Committee
- Wawota Health Care Foundation Inc.
- Moose Mountain Lodge Foundation
- Brock Union Hospital Foundation Corporation
- Redvers & District Community Health Foundation Inc.
- Kipling District Health Foundation
- St. Joseph's Hospital Foundation
- Father Yandeau Memorial Foundation
- Maryfield Community Non-Profit Corporation
- Gainsborough & Area Health Centre Trust Committee
- Creighton Lodge Trust Committee
- Galloway Trust Committee
- Mainprize Manor & Health Centre Trust Committee
- Lampman Community Health Centre Trust Committee
- Fillmore Health Centre Trust Committee
- Golden Years Suite
- St. Joseph's Hospital in Estevan Board of Directors
- Radville Marian Health Centre Board of Directors
- Borderline Housing Board of Directors

Public Transparency

Maintaining public transparency is a process that is ongoing. Significant achievements include:

Establishing a plan for disseminating information to staff members and community representatives about plans and directions.

Development of strategies to provide regular and timely communication to the staff and the public through the Communications Department.

Various presentations to staff and community groups about the identity and services offered.

The printing and making available of copies of the Annual Report and on the SCRHA website.

Meeting with community groups to discuss issues on a regular basis and provide education on services that are available.

Members of the Sun Country Regional Health Authority



Earl Kickley, Chair



Sharon Bauche,
Vice Chair



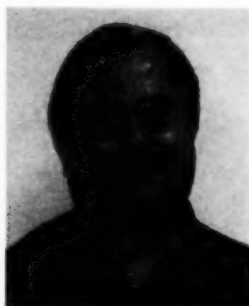
Maurice Koszman



Natalie Bieberdorf*



Jack McFarlane



Vernon Palmer



Dave Kerr



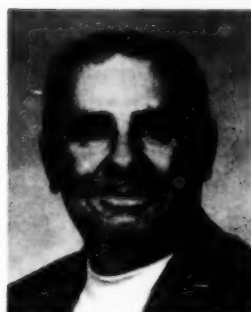
Rita Dash



Marguerite
Gallaway



Larry Ward



Allan Arthur



Darlene
Standing Ready

* Resigned from the Board September 2006

PAYEE DISCLOSURE LIST

For the Year Ended March 31, 2007

Personal Services

Listed are individuals who received payments for salaries, wages, honorariums, etc. which total \$50,000 or more.

ADAMS, KEN C	64,711	CORNISH, MARNELL	78,927
AKINS, SHENAN	78,144	CRAIG, AULDENE	53,595
ALEUNAS, PAT	70,487	CRASSWELLER, PATRICIA	67,472
ALLAN, MAY	50,534	CROSS, KENNETH	67,547
ALLEN, CARRIE	51,016	CROSS, SHANNON	55,146
ANDERSON, CAROL	61,036	CUGNET, MARGARET	113,680
ANDREWS, CAROLYN	69,775	CUGNET, HEATHER	53,029
BAKALUK, RANDALL	58,835	DAKU, JEAN	73,171
BAKKE, LORNA	85,860	DALZIEL, TAMMY	51,771
BANGSUND, PATTY	62,650	DANYLUK, SYLVIA	67,278
BARNABAS, IDA	86,152	DAVID, LILIAS	57,243
BARSI, DOROTHY	66,645	DAVIS, KATHY	91,589
BATES, MARJORIE	74,540	DEAN, KENNETH	53,260
BATTERS, SHARON	59,503	DEROOSE, JUDITH	61,968
BAUSMER, MELISSA	57,335	DEVRIES, LORIE	63,302
BEAHM, JAN	68,792	DEW, CATHARINE	61,253
BEATTIE, KELLY	56,735	DEW, HEATHER	50,928
BEAUDRY, DEBORAH	98,782	DOMES, DAWNE	51,276
BEDORE, TRACEY	60,194	DONALD, DOBRILA	70,163
BELIVEAU HILL, KAREN	56,877	DORSCH, HELENE	69,029
BELL, DEBBIE	53,245	DOUGLAS, ERIC	57,569
BEST, SHERLYNNE	70,621	DREBNICKI, STACEY	51,890
BLACKSTOCK, BERNIE	70,008	DUFFUS, LINDA	77,223
BLACKSTOCK, LINUS	58,451	DUMAINE, JANICE	53,818
BLEROT, KARLA	52,612	DUNBAR, LYNDA	66,487
BLEZY, DIANNE	75,511	DUXBURY, LAVAUGHN	50,114
BODE, JEAN L	67,642	EARL, SHAUNA	50,087
BOSTOCK, KRISTA	68,390	EAST, DEANNA	56,892
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BRADY, MARILYN	56,982	EBEL, JANET	61,545
BRESCIANI, DOUGLAS	78,582	EDDY, CHARLES	63,684
BROWN, CAROL	67,680	EHMAN, DON	114,929
BRUMFIELD, BARRY	56,923	ELIAS WHITE, JENNIFER	73,707
BUCKINGHAM, JOAN	58,042	ERICKSON, TIMOTHY	60,200
BURAK, BRENDA	67,180	FARNDEN, JOANNE	76,029
BURGESS, SUSAN	58,468	FARR, BECKY	62,207
BURLEY, GORDON	57,775	FAUTH, DARLA	53,173
BYE, CANDY	79,532	FEDAK, MERLE	88,518
BYRD, GENNARINA	64,030	FICHTER, TAMARA	56,999
BYRNS, CAROL	53,405	FISH, KELLY	61,222
CAMERON, VALERIE	52,060	FISTER, VALERIE	67,401
CANNON, WILLIAM	72,531	FOLK, LISA	54,785
CANNON, JANET	61,638	FONG, GLORIA	64,087
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CHURKO, CHERYL	50,352	FREEMAN, BRENDA	78,582
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COONEY, DONNA	85,265	GIBSON, SUZANNE	50,292
CORLEY, ROSY	53,576	GIRARDIN, THERESA	71,498

GIROUX, JANICE	114,929	LAURENT, DEBRA	77,155
GLAB, JOHNNIE	53,227	LAUTNER, FRED	61,386
GOBEIL, LOUISE E	67,337	LAWRENCE, LEANNE	52,659
GOERES, MURRAY	89,420	LEE, MICHAEL	97,099
GORDON, LINDA	74,977	LEE, COLLEEN	67,957
GREEN, DIANNA	62,166	LEMIEUX, MELANIE	60,079
GREENBANK, TAMARA	63,961	LODEN, CATHERINE	65,132
GUENTHER, CRYSTAL	67,127	LONOWAY, WESLEY	51,980
GUILLOUX, EDITH	61,410	LUSCOMBE, MICHELLE	65,364
GUTHEIL, CAROLE B	67,071	MAAS, BRIAN	60,120
HAMILTON, SALLY	54,941	MACCLEARY, ANGELA	65,299
HANUSICH, DENYNE	59,161	MACPHEE, ALAN	60,638
HASE, WENDY	51,893	MAGNIEN, VALERIE	74,444
HAUPSTEIN, PAMELA	56,347	MALIN, KATHLEEN	57,201
HAUPSTEIN, DARLENE	51,699	MANTEI, LANA	70,604
HEAMAN, JENNA	57,472	MARCOTTE, VANESSA	68,690
HENRICKSEN, ROSEMARY	59,294	MAREK, PATRICIA	55,026
HENRY, KAREN	70,633	MARSHAK, ESTHER	63,453
HEPTING, BONNIE	79,207	MARSHALL, GWENDA	71,807
HERBERHOLZ, DONALD	62,760	MARSHALL, PAULINE	51,669
HERMAN, COLLEEN	51,915	MARTIN, KELLI	52,427
HILL, G RONALD	68,090	MATSALLA, DONNA	67,119
HILL, LAURIE	67,048	MAURER, DAWN	73,843
HILLSTEAD, TAMMY	51,543	MAY, PATRICIA	77,155
HOIUM, CYNTHIA	73,207	MAYER, RANDY	56,726
HOLLINGSHEAD, JOANNE	77,155	MCCALLUM, TRENT	72,647
HOLTZ, STACEY	53,600	MCCCLARTY, LEILA	79,211
HONIG, CAROL	56,250	MCCORD, CHAD	52,757
HORNER, PATRICIA	61,779	MCCORMICK, JUDITH	71,840
HOUSTON, NORA	80,781	MCFADDEN, KATHY	52,877
HUEL, TANIA	67,247	MCKAY, MONA	64,523
HUME, LYNETTE	69,277	MCKEE, PENELOPE	52,110
HUNT, JENNIFER	65,557	MCLEOD, IRENE	75,453
HUNTER, CHRISTINA	64,479	MEGENBIR, JOHN	58,336
IRELAND, BEVERLY	69,425	METZLER, BETTY	68,142
IRWIN, SARA	68,616	MILDENBERGER, CHRIS	64,087
ISLEIFSON, BERTHA	56,020	MILLER, GLORIA	70,347
JOHNSON, ANNE	74,740	MILLER, JOAN	68,971
JOHNSON, CHERYL	67,622	MILLER, WANDA	53,865
JOHNSON, JOANNE	61,273	MILLIGAN, CONNIE	52,444
JOHNSON, AMOS	53,920	MILTON, JULIE	61,246
JONASSEN, LOUANNE	62,032	MLYNARSKI, STEPHANIE	62,916
KAPELL, RILLA	53,727	MOC, PETER	53,251
KATSCHKE, LORNA	63,666	MOFFAT, JACK	61,783
KEEFE, BIRDENE	72,120	MOONEY, DERRICK	66,564
KEHLER, ANITA	57,554	MORROW, DANIEL	57,389
KELLY, SHALAINE	50,266	MOWREY, GARY	57,325
KERR, JANE	85,896	MULHALL, SHARON	66,551
KESSLER, PATRICIA	84,403	MURPHY, CRYSTAL	65,875
KETURAKIS, MARY JANE	58,504	MURRAY, JOHN	57,868
KLEIN, SAMANTHA	52,672	MWELWA, MARTHA	58,212
KNIBBS, DAWN	50,834	NAULT, BETTY	54,261
KOPEC, CANDACE	55,741	NAVIAUX, BARBARA	50,526
KOSIOR, DEBORAH	62,282	NESBITT, ESTHER	67,666
KOT, GRACE	66,304	NICHOLSON, NOLA	53,725
KRAEMER, MAUREEN	70,229	NIEVERGELT, MONIKA	56,464
KRAEMER, ELAINE	51,066	NIGHTINGALE, LAURIANNE	70,701
KUNTZ, BARB	52,414	OBST, DEBORAH	69,944
KYRYLCHUK, JUDY	68,745	OCHITWA, KAREN	76,291
LALIBERTE, GLORIA	51,859	OLFERT, LARRY	57,127
LAMONTAGNE, SHIRLEY	63,468	OLSON, LINDA	62,867
LANKTREE, CARRIE	50,599	ONSTAD, DELINDA	61,998
LAROSE, MICHELLE	60,447	ORTMAN, SHAUN	62,607
LARSON, SHEILA	89,900	OXELGREN, SONIA	66,420
LARSON, JODY	51,749	PANTELUK, LORI	58,951

Personal Services—continued

PENNY, MURRAY	56,420	STEPHANY, GENE	80,649
PETERSEN, LEAH	63,090	STUART, MARIA	55,754
PETERSON, MYRNA	74,407	STYLES, NANCY	63,173
PETERSON, CAROLYN	57,119	SWERTZ, STELLA	58,453
PETRACEK, SUSAN	66,279	TANT, CALVIN	144,509
PETTITT, MARK	67,985	TEDFORD, GARRY	63,063
PICK, PAMELA	72,306	THERA, SHIRLEY	61,051
PIERCE COLBOW, DEANNA	55,501	THIELE, JOYCE	83,350
PIERSON, KELLY	52,073	THOMPSON, DEBORAH	74,134
PLONKA, GRACE	67,584	THUEN, DEBORAH	66,810
POOLE, LINDA	59,064	TIFFEN, MONIQUE	57,680
POSPISIL, NONA	53,213	TISDALE, JEAN	66,373
PRATT, JUDY	52,046	TOCHER, WENDY	54,111
PRYZNYK, SHAWN	79,860	TORGUNRUD, SUSAN	57,293
PRYZNYK, GALE K	77,428	TOURAND, DENISE	54,569
PURVIS, DIANA	59,694	TREBICK GIBSON, CORINNE	68,447
PYETT, SHERRY	52,623	TREMBLAY, LARAINÉ	76,958
RADKE, JUNE	54,719	ULMER, THERESA	67,522
RAIWET, TANIA	75,878	VAN WINKOOP, BERYL	59,900
RAIWET, SHARON	56,467	VANSTONE, JEWELL	58,357
RAPITTA, CARMEN	56,231	VIERGUTZ, SUSAN	60,971
RESTAU, FLORIE	62,503	WAGNER, JANICE	66,750
ROBINSON, BRADLEY	65,211	WALBAUM, KENDRA	66,546
RODENBUSH, DALE	90,313	WALL, RHONDA	64,096
RODINE, JOYCE	73,927	WALMSLEY KAMBEIT, FRANCES	71,811
ROEMER, JOYCE	68,587	WARD, COREEN	83,841
ROESCH, WILFRED	62,881	WARNER JOHANSON, SHEILA	53,115
ROMAN, ROBERTO	55,886	WARREN, NANCY	64,101
ROR, LINDA	63,605	WATLING, JOSEPHINE	67,170
ROTHWELL, TRACEY	55,210	WATSON, ROD	72,894
ROY, JASON	65,983	WEILER, ANN	71,402
ROY, BEVERLY	56,280	WEINRAUCH, ERIN	58,244
RYGH, ROBERTA	61,181	WHEELER, SHIRLEY	57,917
SALMERS, MARLENE	62,662	WILES, LINDA	67,813
SANDERCOCK, TIFFANY	66,555	WILSON, LINDA	78,582
SANDGAARD, MARILYN	58,008	WILSON, TANNIS	71,669
SANDIFORD, JEANNETTE	69,671	WILSON, DIANNE	54,360
SANDSTROM, CORINNE	59,249	WOLFE, DONNA	58,633
SANGSTER, JANIS	62,118	WOOD, LAURA	54,176
SAUNDERS, LESLIE	73,442	WRIGHT, BERNADETT	78,582
SAWIN, LORNA	70,775	WYNNYCHUK, MAUREEN	57,606
SCHAFER, MARY ANNE	52,060	WYSMINITY, LINDA	79,958
SCHINDEL, SHARON	67,158	YEIK, CAROLE	55,421
SCHLACTER, JEANNIE	65,695	YOUNG, CHENOA	78,668
SCHMIDT, EUGENE	69,387	YOUNG, DEANNA	64,513
SCHMIDT, JASON	60,152	ZAMBORY, TRACY	69,076
SCHMIDT, LAURIE	55,656		
SCHMIDT, LENNA	52,063		
SCHULTZ, DUANE	93,222		
SCHULTZ, LORRIE	50,874		
SELLERS, BETTY	64,990		
SHAVER, NORMA	70,391		
SHAW, THOMAS	66,197		
SHELSTAD, CAROL	55,721		
SINCLAIR, ROBIN	54,479		
SJARE, MIKE	69,387		
SJOSTRAND, JANICE	71,510		
SKOCZYLAS, GREG	67,770		
SOVDI, COLLEEN	54,586		
STEELE, KATHLEEN	67,346		
STEIN, BRENDA	68,752		
STEININGER, TERRY	78,582		
STEININGER, LIVIA	59,316		

Transfers

Listed by program are transfers to recipients who received \$50,000 or more

Borderline Housing Co. Inc.	1,249,063
Canadian Mental Health Association	104,889
Estevan Medical Clinic	80,566
Fillmore Ambulance	73,260
Radville Marian Health Centre	2,792,921
SMILE Services Inc.	50,196
St. Joseph's Hospital	13,029,724
Supreme Ambulance (Carlyle)	281,159
Weyburn Group Home Society Inc.	208,217

Supplier Payments

Listed are payees who received \$50,000 or more for the provision of goods and services including office supplies, communications, contracts and equipment

Advanced Response Vehicles.....	116,500
Banerjee, Dr. Some N.....	378,137
Beckman Coulter Canada Inc.	79,098
Biomerieux Canada Inc.	97,501
Borderline Housing Co. Inc.	229,982
Bunzl Distribution.....	96,541
Bus Sales of Saskatoon Ltd.	78,309
Can-Med Healthcare.....	72,259
CEG Energy Options Inc.	206,995
City of Weyburn.....	101,715
City Wide Paving.....	94,746
CPDN.....	174,996
Crane Supply.....	72,340
CUPE Employment Strategy Committee.....	82,672
Dade Behring Canada Inc.	116,150
David J. Yarnish and Associates Ltd.	52,056
Deloitte Inc.	116,203
Denson Commercial Food Equipment Inc.	84,437
Dominion Construction Company Ltd.	412,721
Fong, Dr. Philip.....	161,116
Gabriel Construction.....	152,594
Grand & Toy Office Products.....	94,742
Hospira Healthcare Corporation.....	118,364
Hudson, Dr. Shauna.....	116,531
Insight Canada Inc.	63,157
IOS Financial Services.....	51,530
Johnson & Johnson Medical Products.....	244,754
Karl Storz (Endoscopy Canada).....	53,642
Kodak Canada Inc.	57,176
Magic White Janitors' Warehouse.....	61,311
Marsh Canada Ltd.	255,018
McKesson Canada.....	90,540
Medical Centre.....	83,531
Medical Professional Corporation.....	99,580
Mid City Plumbing & Heating Inc.	301,441
Padayachee, Dr. Vino.....	63,536
Pasqua Paving.....	63,151
Peridot Medical Inc.	253,808
Perry, Dr. N.	68,027
Phillips Medical Systems Canada.....	401,573
Quality Life Services Inc.	313,664
Radiology Associates of Regina.....	190,527
Regina Qu'Appelle Health Region.....	95,544
Saskatchewan Health.....	69,678
Sask Energy.....	655,494
Sask Power.....	961,038
Sask Property Management.....	753,156
Sask Tel.....	274,964
Sask Tel Mobility.....	92,763
Schaan Healthcare Products.....	482,298
Source Medical Corporation.....	64,876
Sysco Food Services West Inc.	748,514
St. Joseph's Hospital.....	1,155,400
Stevens Company Ltd.	77,600
Stryker Canada Inc.	134,523
Suberu, Dr. G. B.	301,927
Sunspun Food Services.....	62,084
Tyco Healthcare Canada Inc.	60,937

Vitalaire Healthcare.....	53,922
Weyburn Dairy Distributors.....	64,612

Other Expenditures

Listed are payees who received \$50,000 or more for expenditures not included in the above categories

Credit Union Master Card.....	339,617
CUPE Local 5999.....	761,739
Citicorp Vendor Finance Ltd.	60,454
Great West Life Assurance Company.....	424,357
Health Sciences Association of Sask.	69,447
London Life.....	107,560
Public Employees Pension Plan.....	194,213
Public Service Superannuation.....	80,189
Receiver General for Canada.....	18,133,925
SAHO.....	4,221,994
Sask Healthcare Employees Pension Plan.....	6,187,634
Sask Registered Nurses' Association.....	107,102
Saskatchewan Union of Nurses.....	228,769
Saskatchewan WCB.....	1,312,522

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Saskatchewan Union of Nurses.....	228,769
Saskatchewan WCB.....	1,312,522

Performance Management Summary

In support of *The Action Plan for Saskatchewan Health Care*, Saskatchewan Health developed an *accountability framework* and accountability documents with each health region that define and clarify the performance relationship between the authorities and the province. In addition to articulating organizational and program expectations of the RHAs, the accountability documents also link these expectations with funding and with performance indicators-measures of progress toward, and achievement of, the expectations.

To demonstrate accountability and transparency to the public, these indicators are publicly reported through this summary table in each Region's annual report. For further information on technical interpretations and definitions of the indicators below refer to the *Performance Management* document on the Saskatchewan Health website at www.health.gov.sk.ca.

Indicator		RHA Value	Provincial Value	Range	Target
Organizational Effectiveness Indicators					
Quality					
Date of last CCHSA accreditation or when accreditation is scheduled <i>as of March 2007</i>		May 2005 w/ report	not applicable	not applicable	to be determined
Date when the RHA participated in the Institute for Safe Medication Practices (ISMP) Canada "Hospital Medication Safety Self-Assessment", or when participation is planned <i>as of March 2007</i>		June 2007	not applicable	not applicable	to be determined
Number of client contacts with the Quality of Care Coordinator to raise a concern <i>2005/2006</i>		152	not applicable	not applicable	not applicable
Percentage of concerns raised with a Quality of Care Coordinator concluded within 30 days <i>2005/2006</i>		90%	86%	66% – 99%	to be determined
Workforce Planning					
The number of positions sitting vacant for periods longer than six months <i>[indicator to be developed]</i>		—	—	—	—
Distribution of health system full time equivalents (FTEs) by affiliation <i>2006/2007</i>	Provider Unions (CUPE, SEIU, SGEU)	1,071.54	not applicable	not applicable	not applicable
	HSAS	81.16			
	OOS/OTHER ¹	137.06			
	SUN	253.82			
	Organization as a whole	1,543.58			

Indicator		RHA Value	Provincial Value	Range	Target
Number of wage-driven premium hours (overtime and other premiums) per full time equivalent (FTE) by affiliation 2006/2007	Provider Unions (CUPE, SEIU, SGEU)	29.19	36.85	16.36 – 91.10	to be determined ³
	HSAS	50.23	25.44	0.25 – 117.97	to be determined ³
	OOS/OTHER ¹	8.35	3.46	0.00 – 16.92	to be determined ³
	SUN	49.45	81.54	27.14 – 368.66	to be determined ³
	Organization as a whole	31.77	42.47	17.19 – 131.56	to be determined ³
Worked hours as a percentage of total hours by affiliation 2006/2007	Provider Unions (CUPE, SEIU, SGEU)	78.5%	78.3%	73.1% – 80.7%	to be determined ³
	HSAS	78.8%	80.8%	75.0% – 83.9%	to be determined ³
	OOS/OTHER ¹	82.3%	82.5%	76.4% – 84.5%	to be determined ³
	SUN	76.2%	74.7%	63.7% – 77.9%	to be determined ³
	Organization as a whole	78.5%	78.1%	72.5% – 80.7%	to be determined ³
Number of sick leave hours per full time equivalent (FTE) by affiliation 2006/2007	Provider Unions (CUPE, SEIU, SGEU)	94.77	89.78	71.62 – 107.61	to be determined ³
	HSAS	86.41	65.62	44.65 – 92.53	to be determined ³
	OOS/OTHER ¹	61.46	47.34	27.68 – 61.46	to be determined ³
	SUN	89.88	89.34	63.83 – 96.84	to be determined ³
	Organization as a whole	90.57	84.12	64.15 – 93.63	to be determined ³
Number of lost-time WCB claims per 100 full time equivalents (FTEs) 2006/2007		5.51	7.67	0.53 – 10.00	to be determined ³
Number of lost-time WCB days per 100 full time equivalents (FTEs) 2006/2007		608.39	468.45	38.43 – 766.40	to be determined ³
Percentage of employees self-identifying as Aboriginal 2005/2006 ⁴		0.8%	not available	not applicable	to be determined
Number of clinical placements offered and taken within the region / SCA [indicator to be developed]		—	—	—	—
Financial					
Surplus (deficit) 2006/2007		\$1,137,151	not applicable	\$90,050 – \$7,861,926 ²⁹	\$0
Surplus (deficit) as a percentage of actual operating expenditures 2006/2007		1.1%	not applicable	0.1% – 9.0% ²⁹	0.0% – 0.5%

Indicator	RHA Value	Provincial Value	Range	Target	
Working capital ratio (current ratio) 2006/2007	0.80	not applicable	0.23 – 1.81 ²⁹	to be determined	
Number of days able to operate with working capital 2006/2007	(22.45)	not applicable	(61.97) – 28.71 ²⁹	to be determined	
Communications and Issues Management					
Key activities undertaken by RHA to address public confidence reported 2006/2007 [yes/no indicator]	Q1	Yes	not applicable	not applicable	significant activity is expected annually, but need not be reflected quarterly
	Q2	Yes			
	Q3	Yes			
	Q4	Yes			
Capital					
Annual equipment maintenance costs as a percentage of annual equipment replacement costs [indicator to be developed]	_____	_____	_____	_____	
Program-Specific Indicators					
Province-Wide Services					
Number of patients as a percentage of agreed on target for magnetic resonance imaging (MRI) services ⁵ 2006/2007	not applicable	102.4%	101.2% – 103.3%	100%	
Number of exams as a percentage of agreed on target for magnetic resonance imaging (MRI) services ⁵ 2006/2007	not applicable	90.6%	85.9% – 93.1%	100%	
Number of actual hours of operation for magnetic resonance imaging (MRI) services ⁵ 2006/2007	not applicable	not applicable	not applicable	to be determined	
Number of patients as a percentage of agreed on target for computed tomography (CT) services ⁶ 2006/2007	not applicable	98.0%	93.5% – 111.0%	100%	
Number of exams as a percentage of agreed on target for computed tomography (CT) services ⁶ 2006/2007	not applicable	107.3%	73.5% – 125.6%	100%	
Number of actual hours of operation for computed tomography (CT) services ⁶ 2006/2007	not applicable	not applicable	not applicable	to be determined	
Number of patients as a percentage of agreed on target for bone mineral densitometry (BMD) services ⁵ 2006/2007	not applicable	90.5%	78.4% – 101.7%	100%	
Number of actual hours of operation for bone mineral densitometry (BMD) services ⁵ 2006/2007	not applicable	not applicable	not applicable	to be determined	
Number of patient years of dialysis provided in the current fiscal year ⁷ 2006/2007	not applicable	not applicable	not applicable	to be determined	

Indicator		RHA Value	Provincial Value	Range	Target
Current fiscal year's chronic kidney disease services levels as compared to previous fiscal year's levels ⁸ As at December 31, 2006	Number of chronic renal insufficiency patients	not applicable	not applicable	not applicable	to be determined
	Number of peritoneal dialysis patients	not applicable			
	Number of home unit chronic hemodialysis patients	not applicable			
	Number of north/south chronic hemodialysis patients	not applicable			
Average wait time for admission to Saskatchewan Hospital North Battleford (SHNB) ⁹ 2005/2006		not applicable	not applicable	not applicable	to be determined
Length of stay efficiency of inpatient rehabilitation programs – Wascana Rehabilitation Centre and Saskatoon City Hospital ^{10,11} 2005/2006	Stroke	not applicable	not applicable	not applicable	to be determined
	Brain Dysfunction	not applicable			
	Spinal Cord Dysfunction	not applicable			
	Orthopaedic Conditions	not applicable			
	Neurological Conditions	not applicable			
	Amputation of Limb	not applicable			
	Major Multiple Trauma	not applicable			
	Medically Complex	not applicable			
	Debility	not applicable			
	Cardiac	not applicable			
	Pulmonary	not applicable			
	Arthritis	not applicable			
	Pain Syndrome	not applicable			
	Other	not applicable			
Alcohol and drug inpatient treatment completion rate per 100 admissions – Calder Centre ¹² 2005/2006	Child / Youth	not applicable	not applicable	not applicable	to be determined
	Adult	80			

Indicator		RHA Value	Provincial Value	Range	Target
Acute Care					
Percentage of surgical cases performed as day surgery ¹³ 2006/2007		56.6%	56.3%	39.1% – 74.8%	not applicable
Number and percentage of surgical cases on wait list that have already waited over 12 months ¹³ 2006/2007	Number	25	not applicable	not applicable	not applicable
	Percentage	11.1%	19.9%	0.0% – 23.8%	10%
Number and percentage of surgical cases on wait list that have already waited over 18 months ¹³ 2006/2007	Number	15	not applicable	not applicable	not applicable
	Percentage	6.7%	9.5%	0.0% – 12.0%	0%
Percentage of Priority Level I, II, III and IV surgical cases completed within target time frames ¹³ 2006/2007	Priority Level I within 3 weeks	67.9%	57.3%	43.7% – 97.4%	95%
	Priority Level II within 6 weeks	85.2%	43.8%	0.0% – 96.6%	90%
	Priority Level III within 3 months	96.6%	63.9%	43.3% – 100.0%	90%
	Priority Level IV within 12 months	100%	88.0%	79.3% – 100.0%	90%
Cumulative number of surgical cases performed as a percentage of target and variance from target ¹³ 2006/2007	Percentage of target	108.0%	98.3%	85.2% – 122.4%	100%
	Variance from target	+45	not applicable	not applicable	not applicable
Institutional Supportive Care					
Average wait time between approval for placement and placement for institutional supportive care services [indicator to be developed]		—	—	—	—
Prevalence of pressure sores: percentage of institutional supportive care residents with pressure sores ¹⁴ as at the end of Q2 2006/2007		19.34%	21.94%	16.47% – 28.28%	to be determined
Case mix index for institutional supportive care facilities ¹⁴ as at the end of Q2 2006/2007		0.757	0.771	0.725 – 0.800	to be determined
Home-Based Supportive Care					
Case mix index for supportive home care services [indicator to be developed]		—	—	—	—
Average wait time between referral and assessment for supportive home care services [indicator to be developed]		—	—	—	—
Average wait time between assessment and commencement of supportive home care services [indicator to be developed]		—	—	—	—

Indicator		RHA Value	Provincial Value	Range	Target
Population Health Services					
Percentage of off reserve schools that are implementing health food nutrition policies as of September 1, 2006		2.1%	not applicable	0.0% – 27.3%	60% of schools by September 2011
Exclusive breastfeeding rates ¹⁵ 2005		16.41%	21.28%	13.64% – 40.11%	to be determined
Percentage of eligible population registered in SIMS and receiving recommended immunization at second birthday ¹⁶ July 1, 2005 to June 30, 2006	Diphtheria	86.5%	73.5%	50.0% – 87.2%	to be determined
	Measles	83.7%	72.5%	67.9% – 86.1%	
Influenza immunization rate per 100 population (age 65 years and over) 2005/2006		69%	66%	46% – 77%	to be determined
Percentage of licensed or regulated facilities inspected each year (pursuant to <i>The Public Health Act</i>) 2005/2006 and 2006/2007	FEE – Food Eating Establishment	95%	not applicable	45% – 100%	80% – 100%
		92%		71% – 100%	
	FPL – Food Processing Licensed)	97%	not applicable	20% – 100%	
		85%		67% – 100%	
	LA – Licensed Accommodations	75%	not applicable	31% – 100%	
		80%		52% – 100%	
	SP – Swimming Pools	100%	not applicable	43% – 100%	
		87%		45% – 100%	
	Public Water Supplies	86%	not applicable	20% – 100%	
		80%		18% – 100%	
Percentage of genital chlamydia cases with complete or required surveillance information in the electronic provincial surveillance system within established time frames [indicator to be developed further]		—	—	—	—
Percentage of facilities in compliance with <i>The Tobacco Control Act</i> in the category that includes: billiard halls / bingo establishments / bowling centres / casinos / restaurants / taverns [data is currently not available due to system implementation issues]		—	—	—	90% compliance
Percentage of population (age 12 years and over) who are current (daily or occasional) smokers ¹⁵ 2005	Males	23.17%	25.13%	19.95% – 41.75%	to be determined
	Females	23.16%	23.30%	16.36% – 32.31%	
Community Care Services					
Average wait time between initial contact and first face-to-face contact for outpatient child and youth mental health services [indicator to be developed]		—	—	—	—

Indicator		RHA Value	Provincial Value	Range	Target
Average wait time between initial contact and first face-to-face contact for outpatient adult community mental health services <i>[indicator to be developed]</i>		—	—	—	—
Average wait time between initial contact and first face-to-face contact for outpatient psychiatric rehabilitation mental health services <i>[indicator to be developed]</i>		—	—	—	—
Alcohol and drug outpatient treatment completion rate per 100 admissions 2005/2006		72.2%	59.7%	41.6% – 72.2%	to be determined
Average wait time for admission to alcohol and drug outpatient services <i>[data not available]</i> ¹⁷		—	—	—	—
Problem gambling treatment completion rates per 100 admissions <i>[indicator to be developed]</i>		—	—	—	—
Home-Based Acute and Palliative Care					
Average wait time between referral and assessment for acute and palliative home care services <i>[indicator to be developed]</i>		—	—	—	—
Average wait time between assessment and commencement of home-based acute and palliative care <i>[indicator to be developed]</i>		—	—	—	—
Percentage of palliative home care clients with unresolved pain <i>[indicator to be developed]</i>		—	—	—	—
Percentage of palliative home care clients who choose to die at home and receive services in support of that option <i>[indicator to be developed]</i>		—	—	—	—
Percentage of patients discharged from acute care to home care with post-acute discharge plan in place on discharge <i>[indicator to be developed]</i>		—	—	—	—
Primary Health Services					
Percentage of RHA population with geographic proximity to primary health care teams March 2007		0.0%	19.98%	0.00% – 100.00%	25% of SK residents by 2006, 100% by 2011
Number of discrete clients receiving primary health care services in the RHA 2006/2007	Q1	2,624	not applicable	not applicable	not applicable
	Q2	0			
	Q3	0			
	Q4	0			

Indicator		RHA Value	Provincial Value	Range	Target
Number of Healthline calls for the RHA 2006/2007	Q1	872	not applicable	not applicable	not applicable
	Q2	933			
	Q3	988			
	Q4	948			
	Year as a whole	3,741			
Total number of new primary health care teams developed in the current year 2006/2007		0	not applicable	not applicable	not applicable
Emergency Response Services					
Percentage of calls where the maximum qualification of all personnel on the call was less than Emergency Medical Technician (EMT) 2005/2006		4.28%	0.73%	0.00% – 17.97%	to be determined
Mental Health and Addiction Services					
Average length of stay of mental health inpatients ¹⁸ 2005/2006		15.7	15.4	10.1 – 19.8	to be determined
Mental health inpatient readmission rate per 100 mental health inpatients ¹⁸ 2005/2006		22.8%	20.9%	18.4% – 25.7%	to be determined
Alcohol and drug inpatient treatment completion rate per 100 admissions ¹⁹ 2005/2006		not applicable	69.1%	55.9% – 72.6%	to be determined
Average wait time for admission to alcohol and drug inpatient services ²⁰ February and March 2007 ¹⁷		not applicable	not applicable	not applicable	to be determined
Average wait time for admission to alcohol and drug detoxification services ²¹ February and March 2007 ¹⁷		not applicable	not applicable	not applicable	to be determined
Average wait time for admission to alcohol and drug stabilization services ²² February and March 2007 ¹⁷		not applicable	not applicable	not applicable	to be determined
Average wait time for admission to alcohol and drug long term residential treatment services ²³ [data not available] ¹⁷		—	—	—	—
Program Support Services					
Expenditures in program support funding pool as a percentage of total RHA operating expenditures 2006/2007		5.0%	not applicable	3.8% – 10.5% ²⁹	12% for Mamawetan Churchill River and Keewatin Yatthé; 5% for all other RHAs

Indicator		RHA Value	Provincial Value	Range	Target
Health Status and Outcome Indicators					
Infant mortality rate per 1,000 live births ²⁴ 2002-2004		8.0	5.9	4.0 – 10.5	to be determined
Low birth weight rate per 100 live births ²⁴ 2002-2004		5.5	5.4	3.7 – 6.0	to be determined
High birth weight rate per 100 live births ²⁴ 2002-2004		14.7	15.7	12.9 – 31.1	to be determined
Potential years of life lost per 100,000 population (age 0 to 74 years) ¹⁵ 2001 ²⁵	Circulatory Diseases	817.9	951.5	817.9 – 1,208.9	to be determined
	All Malignant Neoplasms	1,706.8	1,483.1	1,126.0 – 1,706.8	
	All Respiratory Diseases	246.4	222.9	63.5 – 376.5	
	Unintentional Injuries	1,209.9	1,028.0	636.4 – 2,781.8	
	Suicide and Self-Inflicted Injuries	316.9	412.1	315.1 – 628.5	
Disability-free life expectancy (at birth) ¹⁵ 1996 ²⁵	Males	67.3	66.6	61.8 – 69.2	to be determined
	Females	71.6	70.0	63.2 – 72.5	
Disability-free life expectancy (at age 65 years) ¹⁵ 1996 ²⁶	Males	11.1	11.2	8.7 – 12.1	to be determined
	Females	13.2	12.7	8.4 – 13.2	
Life expectancy (at birth) ¹⁵ 2001 ²⁷	Males	76.8	76.2	72.1 – 78.2	to be determined
	Females	81.2	81.8	76.1 – 82.8	
Life expectancy (at age 65 years) ¹⁵ 2001 ²⁷	Males	16.7	16.9	15.6 – 18.0	to be determined
	Females	20.6	20.9	17.2 – 21.8	
Self-rated health status: percentage of population (age 12 years and over) who report their health as very good or excellent ¹⁵ 2005		52.11%	52.35%	39.86% – 57.96%	to be determined
Percentage of population (age 18 to 64 years) who are overweight or obese ¹⁵ 2005	Overweight (BMI 25.0-29.9)	30.53%	32.52%	30.53% – 36.12%	to be determined
	Obese (BMI 30.0+)	20.35%	20.03%	16.88% – 24.19%	

Indicator		RHA Value	Provincial Value	Range	Target
Number of visits to a physician for a mental health reason 2005/2006	General Practitioners	15,607	not applicable	not applicable	not applicable
	Psychiatrists	5,805			
Age-sex-adjusted diabetes prevalence rate per 1,000 population ^{2b} 2004/2005		50.6	not applicable	41.8 – 95.8	to be determined
Injury hospitalization rate per 1,000 population (age 0 to 19 years) 2004/2005	Males	90	10.4	7.3 – 27.0	to be determined
	Females	59	6.9	4.8 – 12.9	
Hospitalization rate due to falls per 1,000 population (age 65 years and over) 2004/2005	Males	18.1	14.7	10.5 – 22.0	to be determined
	Females	38.0	26.6	19.9 – 38.0	

Notes:

Please refer to the document "Performance Management Accountability Indicators" for detailed indicator descriptions.

- The OOS/OTHER category includes all non-unionized employees on the SAHO Payroll system, not just management personnel.
- The RWDSU category is applicable to Regina Qu'Appelle only.
- Benchmark development is still in progress for the workforce planning indicators. In the interim, it is suggested that the provincial value or that of the best performer be used as the target.
- The most recent data for the "Percentage of employees self-identifying as Aboriginal" indicator is from 2005/2006, and is not available for Five Hills, Cypress, Heartland, Prairie North, the Saskatchewan Cancer Agency, or the province as a whole.
- MRI and bone mineral densitometry indicators are applicable to Regina Qu'Appelle and Saskatoon only.
- CT indicators are applicable to Cypress, Five Hills, Prairie North, Prince Albert Parkland, Regina Qu'Appelle, Saskatoon, and Sunrise only.
- Patient years of dialysis indicator is applicable to Cypress, Five Hills, Regina Qu'Appelle, Saskatoon, Kelsey Trail, Prairie North, Prince Albert Parkland, and Sunrise only.
- Chronic kidney disease services indicator is applicable to Regina Qu'Appelle and Saskatoon only.
- SHNB indicator is applicable to Prairie North only.
- "Length of stay efficiency of inpatient rehabilitation programs" indicator is applicable to Regina Qu'Appelle (Wascana Rehabilitation Centre) and Saskatoon (Saskatoon City Hospital) only.
- Wascana Rehabilitation Centre and Saskatoon City Hospital are not peer facilities, in terms of their inpatient rehabilitation programs. Therefore, their results should not be compared to each other.
- "Alcohol and drug inpatient treatment completion rate – Calder Centre" is applicable to Saskatoon only.
- The 2006/2007 target volume of surgeries to be performed by each RHA was negotiated between that RHA and Saskatchewan Health.
- Due to the small number of institutional supportive care residents in Mamawetan Churchill River and Keewatin Yatthé, the case mix index and pressure sores indicators are not applicable to these regions.
- Mamawetan Churchill River, Keewatin Yatthé and Athabasca Health Authority were grouped together as "Northern Health Regions" for this indicator.
- The Saskatchewan Immunization Management System (SIMS) does not capture on-reserve immunizations.
- Data collection through the Alcohol and Drug Client Information System (ADCIS) will start in April 2007. Results for alcohol and drug inpatient, detoxification, and stabilization services are based on data collected manually in February and March 2007 (Saskatoon detoxification data available for March 2007 only).
- Mental health inpatient indicators are not applicable to Heartland, Keewatin Yatthé, Kelsey Trail, and Mamawetan Churchill River.
- "Alcohol and drug inpatient treatment completion rate" is applicable to Keewatin Yatthé, Mamawetan Churchill River, Prairie North, Regina Qu'Appelle, and Saskatoon only.

20. "Average wait time for admission to alcohol and drug inpatient services" is applicable to Keewatin Yatthé, Mamawetan Churchill River, Prairie North, Prince Albert Parkland (youth services), Regina Qu'Appelle, and Saskatoon (both adult and youth services) only.
21. "Average wait time for admission to alcohol and drug detoxification services" is applicable to Five Hills, Keewatin Yatthé, Mamawetan Churchill River, Prairie North, Regina Qu'Appelle, and Saskatoon only.
22. "Average wait time for admission to alcohol and drug stabilization services" is applicable to Regina Qu'Appelle and Saskatoon only.
23. "Average wait time for admission to alcohol and drug long term residential treatment services" is applicable to Prairie North only.
24. Starting 2005/2006, the calculation methodology for the "Infant mortality rate", "Low birth weight rate" and "High birth weight rate" indicators changed from what was used previously. The time period also changed (three consecutive years, instead of five). Because these measures are calculated on a three-year basis, results are the same as those reported in 2005/2006.
25. Statistics Canada calculates this measure intermittently. The most recent is based on 2000 through 2002 death data and 2001 population estimates. Therefore, results are the same as those reported for 2005/2006.
26. Statistics Canada no longer calculates this measure (a similar measure, "Health Adjusted Life Expectancy (HALE)", exists but is not available at the regional level). Therefore, results are the same as those reported for 2004/2005 and 2005/2006.
27. Statistics Canada calculates this measure every 5 years, based on the latest census (2001). Therefore, results are the same as those reported for 2004/2005 and 2005/2006.
28. Starting 2005/2006, diabetes cases are determined using an enhanced version of the methodology (the prescription drug database is now used along with the hospital separations and physician services databases). Caution should be exercised if comparing results to those presented in the 2004/2005 summary. The age-sex-adjusted rates were calculated using 1996 Statistics Canada Census populations for Saskatchewan by sex and ten-year age groups.
29. Range values are based on data from final, unaudited financial statements.

2006-07 Financial Statements

Sun Country Regional Health Authority Financial Statements, March 31, 2007.

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May 4, 2007

SUN COUNTRY HEALTH REGION
REPORT OF MANAGEMENT

The accompanying financial statements are the responsibility of management and are approved by the Sun Country Regional Health Authority. The financial statements have been prepared in accordance with Canadian Generally Accepted Accounting Principles and the Financial Reporting Guide issued by Saskatchewan Health, and of necessity include amounts based on estimates and judgements. The financial information presented in the annual report is consistent with the financial statements.

Management maintains appropriate systems of internal controls, including policies and procedures, which provide reasonable assurance that the Region's assets are safeguarded and the financial records are relevant and reliable.

The Authority delegates the responsibility of reviewing the financial statements and overseeing Management's performance in financial reporting to the Finance and Audit Committee. The Finance and Audit Committee meets with Authority, Management and the external auditors to discuss and review financial matters and recommends the financial statements to the Authority for approval. The Authority approves the annual report and, with the recommendation of the Finance and Audit Committee, approves financial statements.

The appointed auditor conducts an independent audit of the financial statements and has full and open access to the Finance and Audit Committee. The auditor's report expresses an opinion on the fairness of the financial statements prepared by Management.


Cal Tant
Chief Executive Officer


Ken Adams
Chief Financial Officer

To the Members of the Board of Sun Country Regional Health Authority:

We have audited the statement of financial position of Sun Country Regional Health Authority as at March 31, 2007 and the statements of operations, supporting schedules, and changes in fund balances and cash flows for the year then ended. These financial statements are the responsibility of the Board's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In our opinion, these financial statements present fairly, in all material respects, the financial position of the Sun Country Regional Health Authority as at March 31, 2007 and the results of its operations and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

May 4, 2007
Weyburn, Canada

Mayer Harris Penny LLP

Chartered Accountants

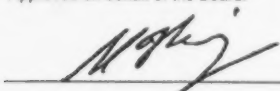
SUN COUNTRY REGIONAL HEALTH AUTHORITY

Statement of Financial Position

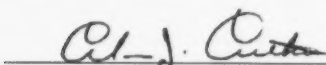
As at March 31

		Restricted Funds			
	Operating Fund	Capital Fund	Community Trust Fund	2007 Total	2006 Total
					(Note 10)
Assets					
Current Assets					
Cash and Short Term Investments (Schedule 2)	\$ 3,154,453	1,770,329	1,586,556	6,511,338	5,437,221
Restricted Cash and Investments (Schedule 2)	585,778	-	-	585,778	900,041
Due from Saskatchewan Health	224,427	-	-	224,427	3,159,203
Trade Accounts Receivable	694,062	-	-	694,062	665,958
Accrued Interest Receivable	976	-	34,982	35,958	29,168
GST Receivable	103,402	-	-	103,402	92,516
Accounts Receivable - Interfund	146,808	-	(146,808)	-	-
Inventories	762,235	-	-	762,235	765,135
Prepaid Expenditures	578,158	-	-	578,158	516,185
	6,250,299	1,770,329	1,474,730	9,495,358	11,565,427
Long Term Investments (Schedule 2)	12,884	-	1,267,400	1,280,284	948,899
Long Term Loan Receivable (Note 5)	-	-	100,000	100,000	100,000
Interfund Loan (Note 14)	-	-	-	-	-
Capital Assets (Note 3)	-	45,617,910	-	45,617,910	46,407,183
Total Assets	\$ 6,263,183	47,388,239	2,842,130	56,493,552	59,021,509
Liabilities					
Current Liabilities					
Trade Accounts Payable	\$ 1,920,494	152,762	-	2,073,256	1,518,204
Accrued Salaries and Benefits	3,213,531	-	-	3,213,531	6,001,175
Accrued Vacation	5,447,417	-	-	5,447,417	5,220,024
Current portion of Long Term Debt (Note 7)	-	325,986	-	325,986	293,871
Current portion of Obligation under Capital Lease (Note 4)	-	67,945	-	67,945	68,568
Deferred Revenue (Note 8)	723,933	-	-	723,933	738,773
	11,305,375	546,693	-	11,852,068	13,840,615
Long Term Debt (Note 7)	-	5,892,759	-	5,892,759	6,234,885
Obligation under Capital Lease (Note 4)	-	84,602	-	84,602	145,613
Total Liabilities	11,305,375	6,524,054	-	17,829,429	20,221,113
Fund Balances					
Externally Restricted (Schedule 3)	576,875	1,262,379	2,842,130	4,681,384	4,787,572
Internally Restricted (Schedule 4)	8,903	507,950	-	516,853	659,754
Invested in Capital Assets	-	39,093,856	-	39,093,856	39,509,370
Unrestricted	(5,627,970)	-	-	(5,627,970)	(6,156,300)
Total Fund Balances	(5,042,192)	40,864,185	2,842,130	38,664,123	38,800,396
Total Liabilities & Fund Balances	\$ 6,263,183	47,388,239	2,842,130	56,493,552	59,021,509

Approved on behalf of the Board:



Earl Kickley, Board Chair



Alan Arthur, Finance and Audit Committee Chair

(See accompanying notes and schedules)

SUN COUNTRY REGIONAL HEALTH AUTHORITY

Statement of Operations and Changes in Fund Balances

For the year ended March 31

	Operating Fund			Restricted Funds			
	Budget	2007	2006	Capital	Community	2007	2006
	2007			Fund	Trust Fund		
	(Note 12)		(Note 10)	2007	2007		(Note 10)
Revenues							
Saskatchewan Health - General Revenue Fund	\$ 89,318,915	90,510,226	87,626,128	2,563,868	-	2,563,868	1,077,833
Other Province Revenue	411,942	339,455	356,921	159,509	-	159,509	212,220
Federal Government Revenue	-	2,480	5,838	-	-	-	-
Funding from other Provinces	-	-	-	-	-	-	-
Special Funded Programs	135,731	157,216	149,965	-	-	-	-
Patient Fees	9,772,964	10,030,175	9,582,450	-	-	-	-
Out of Province Revenue	144,128	213,267	143,946	-	-	-	-
Out of Country Revenue	9,810	8,503	11,787	-	-	-	-
Donations	201,648	174,362	138,942	206,810	289,693	496,503	489,825
Investment Revenue	120,000	176,392	123,403	77,855	85,485	163,120	134,657
Recoveries	1,112,834	1,379,756	1,417,674	-	-	-	-
Other Revenue	184,985	173,418	212,610	25,512	-	25,512	40,315
	<u>101,412,957</u>	<u>103,165,230</u>	<u>99,749,662</u>	<u>3,033,352</u>	<u>375,158</u>	<u>3,408,510</u>	<u>1,954,850</u>
Expenditures †							
Acute Care Services	24,209,874	24,378,310	23,348,954	1,807,652	-	1,807,652	583,515
Physician Compensation - Acute	566,300	587,474	591,757	-	-	-	-
Supportive Care Services	45,613,280	46,502,773	44,823,082	2,575,224	156,534	2,731,758	2,450,293
Home Based Services - Supportive Care	7,089,696	7,028,567	6,600,571	19,552	-	19,552	20,814
Population Health Services	3,654,264	3,593,306	3,654,417	47,481	-	47,481	57,429
Community Care Services	4,984,276	4,487,945	4,858,882	26,486	-	26,486	9,556
Home Based Services - Acute & Palliative	943,810	748,669	837,567	2,540	-	2,540	2,537
Primary Health Care Services	3,077,266	2,967,080	2,756,190	113,846	11,560	125,406	106,870
Emergency Response Services - RHA	3,513,300	3,847,663	3,800,194	118,007	-	118,007	121,586
Mental Health Services - Inpatient	1,684,110	1,689,038	1,655,489	3,052	-	3,052	2,781
Addictions Services - Residential	-	-	-	-	-	-	-
Physician Compensation - Community Services	1,076,089	957,779	2,307,634	-	-	-	-
Program Support Services	4,684,961	5,082,239	4,362,184	-	-	-	-
Special Funded Programs	135,731	157,216	149,965	-	-	-	-
Ancillary	-	-	-	-	-	-	-
	<u>101,412,957</u>	<u>102,028,079</u>	<u>99,646,866</u>	<u>4,513,840</u>	<u>168,094</u>	<u>4,681,934</u>	<u>3,355,381</u>
Net Revenues (Expenditures)	\$ -	1,137,151	182,796	(1,480,488)	207,064	(1,273,434)	(1,400,531)
Balance of Funds at beginning of year		(5,256,811)	(4,456,746)	41,227,423	2,829,784	44,057,207	44,554,877
Interfund Transfers (Note 14)		(922,532)	(902,861)	1,117,250	(194,718)	922,532	902,861
Balance of Funds at end of year	\$	(5,042,192)	(5,256,811)	40,864,185	2,842,130	43,706,315	44,057,207

† See also Schedule 1 - Expenditures Classified by Object

SUN COUNTRY REGIONAL HEALTH AUTHORITY

Statement of Cash Flows

For the year ended March 31

	Operating Fund		Restricted Funds			
	2007	2006 (Note 10)	Capital Fund	Community Trust Fund	Total 2007	Total 2006 (Note 10)
Cash Provided by (used in)	Operating Activities		Financing and Investing Activities			
Excess of revenue over expenditure	\$ 1,137,151	102,796	(1,480,488)	207,064	(1,273,424)	(1,400,531)
Amortization of Capital Assets	-	-	2,883,767	-	2,883,767	2,778,442
Gain on sale of assets	-	-	(25,512)	-	(25,512)	(35,185)
Net change in non-cash working capital						
Due from Saskatchewan Health	2,894,776	(3,019,203)	40,000	-	40,000	(40,000)
Trade Accounts Receivable	(28,104)	53,720	-	-	-	-
Accrued Interest Receivable	316	3,787	-	(7,106)	(7,106)	(8,015)
GST Receivable	(10,886)	70,024	-	-	-	-
Accounts Receivable - Interfund	(25,088)	(31,443)	-	25,088	25,088	31,443
Inventories	2,900	(34,647)	-	-	-	-
Prepaid Expenditures	(61,973)	9,361	-	-	-	-
Interfund Loan	-	-	(64,938)	64,938	-	-
Trade Accounts Payable	531,676	238,949	23,376	-	23,376	(238,557)
Accrued Salaries and Benefits	(2,787,644)	2,911,888	-	-	-	-
Accrued Vacation	227,393	529,964	-	-	-	-
Deferred Contributions	(14,840)	75,016	-	-	-	-
	<u>1,865,677</u>	<u>910,212</u>	<u>(1,376,205)</u>	<u>289,984</u>	<u>1,666,189</u>	<u>1,087,597</u>
Purchase of Capital Assets	-	-	(2,250,654)	-	(2,250,654)	(2,041,541)
Proceeds from sale of Capital Assets	-	-	181,672	-	181,672	35,185
Net change in Restricted Cash and Investments	314,263	(31,660)	-	-	-	-
Purchase of Investments	-	(92,845)	-	(428,614)	(428,614)	(9,009)
Proceeds from Investments	<u>97,229</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
	<u>411,492</u>	<u>(124,505)</u>	<u>(2,068,982)</u>	<u>(428,614)</u>	<u>(2,497,596)</u>	<u>(2,015,365)</u>
Repayment of Debt	-	-	(371,645)	-	(371,645)	(280,881)
Proceeds from Debt	-	-	-	-	-	214,183
	<u>-</u>	<u>-</u>	<u>(371,645)</u>	<u>-</u>	<u>(371,645)</u>	<u>(66,698)</u>
Net increase (decrease) in Cash Flow	\$ 2,277,169	785,707	(1,064,422)	(138,630)	(1,203,052)	(994,466)
Balance of Cash and Short Term Investments						
Balance at beginning of year	\$ 1,799,816	1,916,970	1,717,501	1,919,904	3,637,405	3,729,010
Interfund Transfers (Note 14)	(922,532)	(902,861)	1,117,250	(194,718)	922,532	902,861
Net increase (decrease) in Cash Flow	2,277,169	785,707	(1,064,422)	(138,630)	(1,203,052)	(994,466)
Balance at end of year	<u>\$ 3,154,453</u>	<u>1,799,816</u>	<u>1,770,329</u>	<u>1,586,556</u>	<u>3,356,885</u>	<u>3,637,405</u>
Balance at end of year is comprised of:						
Cash and Cash Equivalents	2,988,993	1,731,265	1,691,188	877,089	2,568,277	2,656,866
Short Term Investments	165,460	68,551	79,141	709,467	788,608	980,539
Cash and Short Term Investments (Schedule 2)	<u>\$ 3,154,453</u>	<u>1,799,816</u>	<u>1,770,329</u>	<u>1,586,556</u>	<u>3,356,885</u>	<u>3,637,405</u>
Supplementary Cash Flow Information						
Interest Paid	\$ -	-	338,516	-	338,516	402,079

(See accompanying notes and schedules)

SUN COUNTRY REGIONAL HEALTH AUTHORITY

Year ended March 31, 2007

Notes to the Financial Statements

1. Legislative Authority

On August 1, 2002, the Legislative Assembly passed *The Regional Health Services Act* (the Act). The Act created the Regional Health Authorities for the purpose of governing the delivery of health services as well as establishing and governing Health Regions in the province of Saskatchewan. The Sun Country Regional Health Authority (SCRHA) was created by The Act and is responsible for the planning, organization, delivery, and evaluation of health services it is to provide within the geographic area known as the Sun Country Health Region, under section 27 of The Act.

The Sun Country Regional Health Authority is a non-profit organization and is not subject to income and property taxes from the federal, provincial, and municipal levels of government.

2. Significant Accounting Policies

These financial statements are prepared in accordance with Canadian Generally Accepted Accounting Principles, and are based on the application of the accounting policies described below.

a) Health Care Organizations

- i) The SCRHA has agreements with and grants funding to the following Community Based Organizations (CBOs) and third parties to provide health services:

Canadian Mental Health Association
Weyburn Group Home Society
SMILE
Fillmore Ambulance
Supreme Ambulance

Note 9 b) i) provides disclosure of payments to CBOs and third parties.

- ii) The following affiliates are incorporated as follows:

St. Joseph's Hospital	Non-profit Corporations Act of Saskatchewan, 1977
Radville Marian Health Centre	Non-profit Corporations Act of Saskatchewan, 1977
The Border-line Housing Co. Inc.	Non-profit Corporations Act of Saskatchewan, 1977

The SCRHA provides annual grant funding to these organizations for the delivery of health care services. Consequently, the SCRHA has disclosed certain financial information regarding these affiliates.

These affiliates are not consolidated into the SCRHA financial statements. Alternatively, Note 9 b) ii) provides supplementary information on the financial position, results of the operations, and cash flows of the affiliates.

- iii) Within the SCRHA, there are several foundations that raise money for the benefit of the SCRHA. These financial statements do not include the financial activities of the foundations. Alternatively, Note 9 b) iii) provides supplementary information regarding the donations received from the foundations.

b) Restricted Fund Accounting

The SCRHA follows the Restricted Fund method of accounting. Fund accounting creates a self-balancing set of accounts for each fund, established by legal, contractual, or voluntary actions. The Restricted Fund Method is a specialized form of fund accounting that distinguishes between operating funds and funds that are restricted for specific purposes.

SUN COUNTRY REGIONAL HEALTH AUTHORITY

Year ended March 31, 2007

Notes to the Financial Statements

2. Significant Accounting Policies - continued

i) Operating Fund

The operating fund reflects the primary operations of the SCRHA including revenues received for provision of health services from Saskatchewan Health – General Revenue Fund, and billings to patients, clients, the federal government and other agencies for patient and client services. Other revenue consists of donations, recoveries and ancillary revenue. Expenses are for the delivery of health services.

ii) Capital Fund

The capital fund is a restricted fund that reflects the equity of the SCRHA in capital assets after taking into consideration any associated long term debt. The capital fund includes revenues received or receivable from Saskatchewan Health – General Revenue Fund designated for construction of capital projects and/or the acquisition of capital assets. The capital fund also includes donations designated for capital purposes by contributor and funding relating to the mortgages. Expenses consist of the amortization of assets and interest expense.

iii) Community Trust Fund

The community trust fund is a restricted fund that reflects community generated assets transferred to the SCRHA in accordance with the pre-amalgamation agreements signed with the amalgamating health corporations. The assets include cash and investments initially accumulated by the health corporations in the SCRHA from donations or municipal tax levies. These assets are accounted for separately and use of the assets is subject to restrictions set out in pre-amalgamation agreements between the SCRHA and the health corporations.

c) Revenue

Unrestricted contributions are recognized as revenue in the Operating Fund in the year in which they are received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

Restricted contributions related to general operations are recorded as deferred revenue and recognized as revenue of the Operating Fund in the year in which the related expenses are incurred. All other restricted contributions are recognized as revenue of the appropriate restricted fund in the year.

d) Capital Assets

Capital assets are recorded at cost. Normal maintenance and repairs are expensed as incurred. Capital assets, with life exceeding one year, are amortized on a straight-line or declining balance method over their estimated useful lives as follows:

Buildings	2.5% to 10%
Land and Leasehold Improvements	2.5% to 20%
Equipment	5% to 50%

Donated capital assets are recorded at their fair value at the date of contribution (if fair value can be reasonably determined).

e) Inventories

Inventories consist of general stores, maintenance, pharmacy, laboratory, and other items. The cost of inventory is determined by the weighted average method.

f) Investments

Investments are valued at the lower of cost or net realizable value. Investments are comprised of term deposits, bonds, debentures, and guaranteed investment certificates. (See Schedule 2)

SUN COUNTRY REGIONAL HEALTH AUTHORITY

Year ended March 31, 2007

Notes to the Financial Statements

2. Significant Accounting Policies - continued

g) Pension

Employees of the SCRHA participate in several multi-employer defined benefit pension plans or a defined contribution plan. The SCRHA follows defined contribution plan accounting for its participation in the plans. Accordingly, the SCRHA expenses all contributions it is required to make in the year.

h) Measurement Uncertainty

These financial statements have been prepared by management in accordance with Canadian Generally Accepted Accounting Principles. In the preparation of financial statements, management makes various estimates and assumptions in determining the reported amounts of assets and liabilities, revenues and expenses and in the disclosure of commitments and contingencies. Amortization is based on the estimated useful lives of Capital Assets. Changes in estimates and assumptions will occur based on the passage of time and the occurrence of certain future events. The changes will be reported in earnings in the period in which they become known.

3. Capital Assets

	2007			2006
	Cost	Accumulated Amortization	Net	Net
Land	\$ 724,603	\$ -	\$ 724,603	\$ 724,603
Land Improvements	785,915	576,716	209,199	247,667
Leasehold Improvements	341,326	334,800	6,526	29,259
Buildings	67,407,303	27,044,805	40,362,498	41,252,397
Equipment	11,294,797	7,194,282	4,100,515	3,914,538
Under Capital Lease:				
Land	25,000	-	25,000	25,000
Building	164,769	16,510	148,259	157,168
Equipment	69,310	28,000	41,310	56,551
	<u>\$ 80,813,023</u>	<u>\$ 35,195,113</u>	<u>\$ 45,617,910</u>	<u>\$ 46,407,183</u>

4. Commitments

a) Capital Asset Acquisitions

SCRHA received \$696,058 Capital funding from Saskatchewan Health in 2007 for the purchase of various capital assets. At March 31, 2007, there remained \$241,849 to be used to acquire capital equipment in 2008.

b) Capital Life Safety/Emergency & Infrastructure Projects

SCRHA received \$170,000 Capital funding from Saskatchewan Health in 2007 for specific capital projects. At March 31, 2007, there remained \$97,488 to be used for these projects. Due to the time needed for project development and tendering, these projects are planned to be completed by March 31, 2008.

SUN COUNTRY REGIONAL HEALTH AUTHORITY

Year ended March 31, 2007

Notes to the Financial Statements**4. Commitments - continued****c) Operating Leases**

Minimum annual payments under operating leases on property and equipment over the next five years are as follows:

2008	\$ 220,720
2009	\$ 171,461
2010	\$ 145,385
2011	\$ 101,290
2012	\$ 62,892

d) Capital Leases

Minimum annual payments under capital leases on equipment, land and building over the full lease term are as follows:

	Equipment	Land and Building	Total
Interest rate	6.15%	4.69%	
Expiry date	January 31, 2011	March 31, 2009	
2008	16,084	51,861	67,945
2009	16,084	51,861	67,945
2010	16,084	-	16,084
2011	12,063	-	12,063
Total minimum lease payments	\$ 60,315	\$ 103,722	\$ 164,037
Amount representing interest	(6,567)	(4,923)	(11,490)
Balance of the obligation	\$ 53,748	\$ 98,799	\$ 152,547
Less: Current Portion	(16,084)	(51,861)	(67,945)
	\$ 37,664	\$ 46,938	\$ 84,602

5. Long Term Loan Receivable

The SCRHA has an agreement with M.O.R.E. 2000 Organization Inc. to lend them \$100,000 interest free. The payment terms are to pay \$50,640 annually starting after the M.O.R.E. 2000 Organization Inc. has fully paid off their existing Mortgage Debt which is estimated to be sometime in 2009.

6. Patient and Resident Trusts Accounts

The SCRHA administers funds held in trust for patients and residents using the SCRHA's facilities. The funds are held in separate bank account. Funds held in trust are not included in these financial statements. Total funds held in trust are summarized as follows:

	<u>2007</u>	<u>2006</u>
Sun Country Regional Health Authority - Resident Trust	\$ 49,963	\$ 44,384
Souris Valley Extended Care Centre - Resident Bazaar	56,375	53,534
Weyburn Mental Health Centre - Resident Bazaar	115,345	113,226
Weyburn Special Care Home - Canteen	<u>0</u>	<u>4,301</u>
	<u>\$ 221,683</u>	<u>\$ 215,445</u>

SUN COUNTRY REGIONAL HEALTH AUTHORITY

Year ended March 31, 2007

Notes to the Financial Statements

7. Long Term Debt

<u>Title of Issue</u>	<u>Interest Rate</u>	<u>Annual Repayment Terms</u>	<u>2007</u>	<u>2006</u>
New hope Pioneer Lodge CMHC, due May 1, 2021	4.690%	\$113,989 principal & interest of which \$35,632 is subsidized by SHC. Yielding an effective interest rate of 2.121%. Mortgage renewal date - August 1, 2016	\$ 1,143,295	\$ 1,196,879
Willowdale Lodge CMHC, due July 1, 2019	6.875%	\$12,772 principal & interest Mortgage renewal date - July 1, 2019	106,553	111,903
Estevan Regional Nursing Home CMHC, due August 1, 2016	5.375%	\$15,956 principal & interest Mortgage renewal date - August 1, 2016	118,012	127,422
Estevan Regional Nursing Home CMHC, due January 1, 2023	7.000%	\$8,109 principal & interest Mortgage renewal date - January 1, 2023	77,989	80,618
Moose Mountain Lodge CMHC, due October 1, 2026	8.000%	\$34,476 principal & interest Mortgage renewal date - October 1, 2026	343,797	350,909
Creighton Lodge CMHC, due April 1, 2006	5.375%	\$4,840 principal & interest		404
Weyburn Special Care Home CMHC, due April 1, 2019	4.690%	\$152,168 principal & interest of which \$52,238 is subsidized by SHC. Yielding an effective interest rate of 1.442%. Mortgage renewal date - August 1, 2016	1,364,494	1,444,105
Weyburn Special Care Home CMHC, due March 1, 2017	5.375%	\$18,732 principal & interest Mortgage renewal date - March 1, 2017	145,066	155,776
Bengough Health Centre CMHC, due September 1, 2018	5.750%	\$10,987 principal & interest Mortgage renewal date - September 1, 2018	92,610	96,163
Filmore Health Centre CMHC, due October 1, 2022	4.320%	\$43,557 principal & interest of which \$10,866 is subsidized by SHC. Yielding and effective interest rate of 2.145%. Mortgage renewal date - February 1, 2016	494,529	516,396
Gainsborough Health Centre CMHC, due June 1, 2022	4.320%	\$41,469 principal & interest of which \$10,030 is subsidized by SHC. Yielding and effective interest rate of 2.180%. Mortgage renewal date - February 1, 2016	463,677	484,796
Lampman Health Centre CMHC, due September 1, 2021	4.320%	\$66,647 principal & interest of which \$15,881 is subsidized by SHC. Yielding and effective interest rate of 2.138%. Mortgage renewal date - February 1, 2016	718,774	753,820
Redvers Centennial Haven CMHC, due January 1, 2018	5.375%	\$8,579 principal & interest Mortgage renewal date - January 1, 2018	70,530	75,224
Wawota Deerview Lodge CMHC, due December 1, 2020	5.140%	\$109,304 principal & interest in which \$34,863 is subsidized by SHC. Yielding and effective interest rate of 1.950%. Mortgage renewal date - December 1, 2013	1,079,419	1,132,341
Less: Current Portion			\$ 6,218,745	\$ 6,528,756
			325,986	293,871
			\$ 5,892,759	\$ 6,234,885

SUN COUNTRY REGIONAL HEALTH AUTHORITY

Year ended March 31, 2007

Notes to the Financial Statements

7. Long Term Debt - continued

For each of the mortgages, the SCRHA has pledged the related buildings as security. Principal repayments required in each of the next five years is estimated as follows:

2008	325,986
2009	343,066
2010	360,204
2011	378,215
2012	396,529
2012 and thereafter	4,414,745

8. Deferred Revenue

	Balance Beginning of Year	Less Amount Recognized	Add Amount Received	Balance End of Year
<u>Sask Health Initiatives</u>				
Primary Care Funding	\$ 192,138	\$ 197,451	\$ 145,000	\$ 139,687
Aboriginal Awareness	55,463	59,756	16,980	12,687
Professional Development	29,467	40,769	34,905	23,603
Team Facilitator Position	89,649	63,378	78,600	104,871
SIMS and PHIS	23,706	6,853	-	16,853
Health Improvement Initiatives	156,301	90,195	-	66,106
Enforcement of Smoke Free	2,473	2,473	-	-
Surgical Wait List	3,000	3,000	-	-
Healthline	11,000	7,896	-	3,104
MDS for Home Care	75,000	24,544	-	50,456
Project Hope	21,594	67,910	70,000	23,684
HSAS Contract retro	23,044	23,044	-	-
Needlestick safe needle	40,651	52,960	12,309	-
Quality Workplace Initiative	-	1,703	34,905	33,202
Planning for Community Supports	-	6,501	10,000	3,499
Youth Drug Detox	-	15,232	50,000	34,768
Primary Care Site Funding	-	-	125,000	125,000
Facility Assessment Audits	-	-	85,000	85,000
Total Sask Health	\$ 723,486	\$ 663,665	\$ 662,699	\$ 722,520
<u>Other Initiatives</u>				
Other Revenue received in advance	\$ 15,287	\$ 13,874	\$ -	\$ 1,413
Total Deferred Revenue	\$ 738,773	\$ 677,539	\$ 662,699	\$ 723,933

SUN COUNTRY REGIONAL HEALTH AUTHORITY

Year ended March 31, 2007

Notes to the Financial Statements

9. Related Parties

These financial statements include transactions with related parties. The SCRHA is related to all Saskatchewan Crown Agencies such as departments, corporations, boards, and commissions under common control of the Government of Saskatchewan. The SCRHA is also related to non-Crown enterprises that the Government jointly controls or significantly influences. In addition, the SCRHA is related to other non-Government organizations by virtue of its economic interest in these organizations.

a) Related Party Transactions

Transactions with these related parties are in the normal course of operations. Amounts due to or from and the recorded amounts of transactions resulting from these transactions are included in the financial statements and the table below. They are recorded at the standard rates charged by those organizations and are settled on normal trade terms. Significant related party transactions greater than \$50,000 and not shown separately in these financial statements are disclosed below. In addition, the SCRHA pays Provincial Sales Tax to the Saskatchewan Department of Finance on all its taxable purchase. Taxes paid are recorded as part of the cost of those purchases.

	<u>2007</u>	<u>2006</u> (Note 10)
Revenues		
Medical Services Branch	\$ 101,644	\$ 108,090
Saskatchewan Government Insurance	157,216	149,965
Saskatchewan Health	366,824	290,938
Senior Citizen's Ambulance Assistance Program	662,490	637,070
Workers' Compensation Board	189,696	198,971
	<u>\$ 1,477,870</u>	<u>\$ 1,385,034</u>
Expenditures		
Canadian Mental Health Association	\$ 104,889	\$ 100,669
Fillmore Ambulance	73,260	73,260
Public Employees Pension Plan	200,722	156,119
Public Service Superannuation Board	82,229	82,496
Radville Marian Health Centre	2,754,171	2,514,833
Regina Qu'Appelle Health Region	119,577	116,066
Saskatchewan Association of Health Organizations	4,289,673	3,302,094
Saskatchewan Health Employees Pension Plan	5,739,074	5,694,906
Saskatchewan Power Corporation	932,760	915,795
Saskatchewan Property Management	788,287	712,507
Saskatchewan Telecommunications	360,046	401,410
SaskEnergy Incorporated	560,726	619,201
SMILE Services Inc.	50,196	52,180
St. Joseph's Hospital	13,050,102	10,722,782
Supreme Ambulance (Carlyle)	281,159	247,494
The Border-line Housing Corporation	1,250,054	1,074,950
Weyburn Group Home Society	208,217	207,050
Workers' Compensation Board	1,303,369	1,285,733
	<u>\$ 32,148,511</u>	<u>\$ 28,279,545</u>

SUN COUNTRY REGIONAL HEALTH AUTHORITY

Year ended March 31, 2007

Notes to the Financial Statements**9. a) Related Party Transactions - continued**

	<u>2007</u>	<u>2006</u>
Trade Accounts Receivable		
Senior Citizen's Ambulance Assistance Program	\$ 56,476	\$ 39,885
Prepaid Expenditures		
Workers' Compensation Board	\$ 99,886	\$ 290,505
Accounts Payable		
Radville Marian Health Centre	\$ 4,231	\$ 62,351
Saskatchewan Association of Health Organizations	342,811	159,666
Saskatchewan Health	59,463	69,434
Saskatchewan Health Employees Pension Plan	695,585	448,560
Saskatchewan Power Corporation	67,309	51,253
Saskatchewan Property Management	95,134	71,293
SaskEnergy Incorporated	84,279	85,559
St. Joseph's Hospital	97,541	211,594
	<u>\$ 1,446,353</u>	<u>\$ 1,159,710</u>

Note: Payments to the affiliates may be higher than the grant to affiliates due to other expenditures incurred in the normal course of business.

b) Health Care Organizations**i) Community Based Organizations and Third Parties**

The SCRHA has also entered into agreements with CBOs and Third Parties to provide health services.

These organizations receive operating funding from the SCRHA on a monthly basis in accordance with budget amounts approved annually. During the year, the SCRHA provided the following amounts to healthcare organizations.

	<u>2007</u>	<u>2006</u>
Canadian Mental Health Association	\$ 104,889	\$ 100,669
Fillmore Ambulance	73,260	73,260
Moose Mountain Drug and Alcohol Rehab.	-	21,794
SMILE Services Inc.	50,196	52,180
Supreme Ambulance (Carlyle)	281,159	247,494
Weyburn Group Home Society Inc.	208,217	207,050
	<u>\$ 717,721</u>	<u>\$ 702,447</u>

SUN COUNTRY REGIONAL HEALTH AUTHORITY

Year ended March 31, 2007

Notes to the Financial Statements

9. b) Health Care Organizations - continued

ii) Affiliates

The Act makes the SCRHA responsible for the delivery of health services in its region including the health services provided by privately owned affiliates. The Act requires affiliates to conduct their affairs and activities in a manner that is consistent with, and that reflects, the health goals and objectives established by the SCRHA. The SCRHA exercises significant influence over affiliates by virtue of its material inter-entity transactions. There is also an interchange of managerial personnel, provision of human resource and finance/administrative functions with some affiliates. The following presentation discloses the amount of funds granted to each affiliate:

	<u>2007</u>	<u>2006</u>
St. Joseph's Hospital	\$ 12,941,742	\$ 10,687,332
Radville Marian Health Centre	2,754,171	2,514,833
The Border-line Housing Co. Inc.	<u>1,250,054</u>	<u>1,074,950</u>
Total	<u>\$ 16,945,967</u>	<u>\$ 14,277,115</u>

Saskatchewan Health requires additional reporting in the following financial summaries of the affiliate entities as at March 31, 2007 and 2006 and for the years then ended:

	<u>Total 2007</u>	<u>Total 2006</u>
Balance Sheet		
Assets	\$ 3,627,240	\$ 2,797,559
Net Capital Assets	<u>23,661,082</u>	<u>23,480,150</u>
Total Assets	<u>\$ 27,288,322</u>	<u>\$ 26,277,709</u>
Total Liabilities	3,311,229	2,530,690
Total Net Assets	<u>23,977,093</u>	<u>23,747,019</u>
	<u>\$ 27,288,322</u>	<u>\$ 26,277,709</u>
Results of Operations and Fund Balances		
SCRHA Grant	\$ 16,945,967	\$ 14,277,115
Other Revenue	4,368,621	4,081,002
Total Revenue	<u>\$ 21,314,588</u>	<u>\$ 18,358,117</u>
Salaries & Benefits	16,049,859	14,318,849
Other Expenses *	5,034,657	4,955,955
Total Expenses	<u>21,084,516</u>	<u>19,274,804</u>
Excess (Deficiency) Revenue over Expenses	<u>\$ 230,072</u>	<u>\$ (916,687)</u>
* Other Expenses includes amortization of \$1,092,678 (2006 - \$1,059,419)		
Cash Flows		
Cash from Operations	\$ 2,147,015	\$ 114,969
Cash used in Financing Activities	(4,401)	(5,406)
Cash used in Investing Activities *	<u>(1,288,150)</u>	<u>(207,779)</u>
Increase (Decrease) in Cash	<u>\$ 854,464</u>	<u>\$ (98,216)</u>

* Cash used in Investing Activities includes capital purchases of \$1,273,609 (2006 - \$207,741)

SUN COUNTRY REGIONAL HEALTH AUTHORITY

Year ended March 31, 2007

Notes to the Financial Statements

9. b) Health Care Organizations - continued

iii) Fund Raising Foundations

There are various charitable health foundations throughout the region that raise money on behalf of healthcare organizations in their community. The SCRHA has an economic interest in the foundations and may upon agreement with the foundations be the recipient of funds to be used by the SCRHA for specific purposes. The foundation's total expenses include the following contributions to the SCRHA.

	<u>2007</u>	<u>2006</u>
Redvers & District Community Health Foundation Inc.	\$ 15,932	\$ 16,614
Wawota Health Care Foundation Inc.	-	110
Kipling District Health Foundation Inc.	777	11,274

10. Comparative Information

Some items appearing in the statements for the prior year have been reclassified to conform with the presentation used for the current year.

11. Pension Costs

Employees of the SCRHA participate in one of the following pension plans:

- i) The Saskatchewan Healthcare Employees' Pension Plan (SHEPP), which is jointly governed by a board of eight trustees. Four of the trustees are appointed by the Saskatchewan Association of Health Organizations (SAHO) (a related party) and four of the trustees are appointed by Saskatchewan's health care unions (CUPE, SUN, SEIU, SGEU, RWDSU, HSAS). SHEPP is a multi-employer defined benefit plan which came into effect December 31, 2002 (prior to December 31, 2002 this plan was formerly the SAHO Retirement Plan and governed by the SAHO Board of Directors).
- ii) The Public Service Superannuation Plan (a related party) which is a defined benefit plan and the responsibility of the Province of Saskatchewan.
- iii) The Public Employees' Pension Plan (a related party) which is a defined contribution plan and the responsibility of the Province of Saskatchewan.

For SHEPP, the financial obligation of the SCRHA is 1.12 times the amounts contributed by employees for current services. For the Public Service Superannuation Plan the financial obligation of the SCRHA is 3.53 (2006 - 2.67) times the amounts contributed by employees for current services. The Public Employees' Pension Plan, the financial obligation of the SCRHA is limited to matching the amounts contributed by employees for current services.

The pension expense for the year amounted to \$3,569,127 (2006 - \$3,128,641), and is included in Employee Benefits in Schedule 1.

SHEPP - Contribution rates are as follows:

- 5.85% (2006-5.85%) of pensionable earnings up to the yearly maximum pensionable earnings (CPP) plus
- 7.35% (2006-7.35%) of pensionable earnings above the yearly maximum pensionable earnings (CPP)

Public Service Superannuation Plan:

Contribution rates are 7.00% (2006 - 7.00%) of pensionable earnings.

Public Employees Pension Plan:

Contribution rates are 5.00% (2006 - 5.00%) of pensionable earnings.

12. Budget

The SCRHA Board approved the 2006-2007 budget on June 28, 2006.

13. Financial Instruments

a) Significant terms and conditions

There are no significant terms and conditions related to financial instruments classified as current assets or current liabilities that may affect the amount, timing and certainty of future cash flows. Significant terms and conditions for the other financial instruments are disclosed separately in these financial statements.

b) Credit Risk

The SCRHA is exposed to credit risk from the potential non-payment of accounts receivable. The majority of the SCRHA's receivables are from Saskatchewan Health – General Revenue Fund, Saskatchewan Workers' Compensation Board, health insurance companies or other Provinces. Therefore, the credit risk is minimal.

c) Fair Value

The following methods and assumptions were used to estimate the fair value of each class of financial instruments:

- i) The carrying amounts of these financial instruments approximate fair value due to their immediate or short-term nature.

Cash and short term investments
Accounts receivable
Accounts payable
Accrued salaries and vacation payable

- ii) For investments, the fair value is based on quoted market prices where available. The carrying value of the SCRHA's long term debt approximates its fair value, because interest charges under the terms of the debt are comparable to the Canadian bank prime.

d) Operating Line of Credit

The SCRHA has a line of credit limit of \$1,000,000, of which none was drawn. The line of credit is secured by an assignment and hypothecation of revenues and bearing interest at a rate of Prime minus 0.5%, which is due on demand. No interest was paid on the line-of-credit in 2006 and 2007.

14. Interfund Transfers

Each year the SCHRA transfers amounts between its funds for various purposes. These include funding capital asset purchases, and reassigning fund balances to support certain activities.

	2007			2006		
	Operating	Capital	Community Trust	Operating	Capital	Community Trust
Capital Purchases	\$ (713,128)	\$ 907,846	\$ (194,718)	\$ (776,772)	\$ 819,360	\$ (42,588)
SHC reserves - Allocation	(105,488)	105,488		(119,488)	119,488	
SHC reserves - R & M	10,450	(10,450)		98,625	(98,625)	
SHC reserves - Transfers	1,939	(1,939)		10,678	(10,678)	
EMS Vehicle Allocation	(50,000)	50,000		(50,000)	50,000	
Interfund Loan pmt	(66,305)	66,305		(65,904)	65,904	
	<u>\$ (922,532)</u>	<u>\$ 1,117,250</u>	<u>\$ (194,718)</u>	<u>\$ (902,861)</u>	<u>\$ 945,449</u>	<u>\$ (42,588)</u>

The SCRHA with agreement of the Gainsborough Area Trust established an inter-fund loan. The agreement provides for the Gainsborough Area Trust fund to loan the Capital Fund an amount of \$500,000. This inter-fund loan is to be repaid to the Gainsborough Area Trust in monthly instalments of \$5,558 (2006 - \$5,515) at an annual interest rate based on the prime rate of interest at the Gainsborough Credit Union, which may vary from year to year. The balance as at March 31 was \$0 (2006 - \$64,938).

SUN COUNTRY REGIONAL HEALTH AUTHORITY

Year ended March 31, 2007

Notes to the Financial Statements

15. Volunteer Services

The operations of the SCRHA utilize services of many volunteers. Because of the difficulty in determining the fair market value of these donated services, the value of these donated services is not recognized in the financial statements.

16. Contingency

The SCRHA has guaranteed a \$200,000 loan for the Redvers & District Community Health Foundation Inc. regarding the Redvers Health Centre project. This \$200,000 has been set-up as an internally restricted fund.

17. Contingent Liability

Joint Job Evaluation Reconsiderations

The joint job evaluation/pay equity initiative for the service provider unions CUPE, SEIU, and SGEU allowed for an appeal process. As a result, employees and employers have filed reconsideration appeals that are currently under review. A financial obligation to pay reconsideration costs occurs once the Steering Committee reviews the recommendations from the Reconsideration Committee and reaches a consensus decision. At this time there are outstanding reconsiderations on which the Steering Committee has yet to reach a final decision. The results of outstanding reconsiderations are currently unknown therefore, the cost of these reconsiderations cannot be reasonably determined.

SUN COUNTRY REGIONAL HEALTH AUTHORITY

For the year ended March 31, 2007

Schedule 1**Schedule of Expenditures Classified by Object**

	Operating Fund		Total
	2007	2007	2006
	<u>Budget</u>	<u>Actual</u>	<u>Actual</u>
	(Note 12)		(Note 10)
Operating:			
Board Costs	128,549	116,612	115,701
Compensation - Benefits (Note 11)	10,957,784	10,818,480	10,311,459
Compensation - Salaries	59,896,663	58,612,376	58,669,989
Diagnostic Imaging Supplies	98,760	76,478	87,822
Drugs	541,857	487,468	504,116
Food and Dietary	1,379,449	1,342,571	1,385,805
Grants to ambulance services	337,059	354,419	320,754
Grant to Third Parties	15,302,885	16,052,145	14,674,278
Housekeeping and Laundry	296,384	285,636	281,016
Information Technology Contracts & Licenses	328,565	286,332	286,876
Insurance	301,201	289,509	286,522
Interest	10,221	8,934	987
Laboratory Supplies	506,026	482,599	464,875
Medical and Surgical Supplies	1,122,503	1,294,463	1,177,921
Medical Remuneration and Benefits	1,822,167	1,709,593	3,057,101
Office and General Supplies	612,877	524,972	582,187
Other	1,147,779	1,254,301	1,053,250
Other referred out services	735,104	770,829	684,212
Professional Fees	482,448	1,038,406	448,620
Prosthetics	-	-	-
Purchased Services	464,739	420,960	390,682
Rent/Lease/Purchase	611,368	975,525	676,831
Repairs and Maintenance	829,188	1,289,205	880,195
Service Contracts	384,345	393,474	321,757
Travel	1,006,280	1,153,973	1,031,049
Utilities	2,108,756	1,988,819	1,952,861
	<u>\$ 101,412,957</u>	<u>102,028,079</u>	<u>99,646,866</u>
Restricted:			
Amortization of Capital Assets		\$ 2,883,767	2,778,442
Interest on Long Term Debt		334,048	398,861
Grants to Third Parties		1,296,025	19,980
Other		168,094	158,098
		<u>\$ 4,681,934</u>	<u>3,355,381</u>

(See accompanying notes)

SUN COUNTRY REGIONAL HEALTH AUTHORITY

For the year ended March 31, 2007

Schedule 2

Schedule of Cash and Investments

	Cash & Short Term Investments	Long Term Investments	Total	Maturity	Effective Rate	Coupon Rate
RESTRICTED CASH AND INVESTMENTS						
Externally Restricted Cash and Investments - Community Trust (schedule 3)						
Creighton Lodge - Estevan Credit Union	\$ 58,269	\$ -	\$ 58,269			
Midale Area Trust						
Midale Credit Union - Term Certificate	\$ 120,000	\$ -	\$ 120,000	May 1, 2007	2.500%	2.500%
Midale Credit Union - Term Certificate	50,000	-	50,000	August 23, 2007	2.600%	2.600%
Midale Credit Union - Term Certificate	-	100,000	100,000	December 15, 2008	3.350%	3.350%
Midale Credit Union - Term Certificate	-	150,000	150,000	August 11, 2009	3.800%	3.800%
Midale Credit Union - Term Certificate	-	140,000	140,000	September 5, 2009	3.800%	3.800%
Midale Credit Union - Term Certificate	-	200,000	200,000	June 15, 2010	3.400%	3.400%
Midale Credit Union - Term Certificate	-	50,000	50,000	October 21, 2010	3.600%	3.600%
Midale Credit Union - Plan 24	344,323	-	344,323			
	\$ 514,323	\$ 640,000	\$ 1,154,323			
Oxbow Area Trust - Estevan Credit Union	\$ 225,106	\$ -	\$ 225,106			
Gainsborough Area Trust						
Gainsborough Credit Union - Term Certificates	\$ 23,000	\$ -	\$ 23,000	June 3, 2007	2.500%	2.500%
Gainsborough Credit Union - Term Certificates	30,000	-	30,000	August 6, 2007	2.250%	2.250%
Gainsborough Credit Union - Term Certificates	25,967	-	25,967	August 31, 2007	3.500%	3.500%
Gainsborough Credit Union - Term Certificates	107,717	-	107,717	September 9, 2007	3.000%	3.000%
Gainsborough Credit Union - Term Certificates	50,000	-	50,000	October 3, 2007	3.550%	3.550%
Gainsborough Credit Union - Term Certificates	37,000	-	37,000	October 3, 2007	3.550%	3.550%
Gainsborough Credit Union - Term Certificates	38,000	-	38,000	November 6, 2007	3.800%	3.800%
Gainsborough Credit Union - Term Certificates	11,464	-	11,464	November 28, 2007	3.750%	2.250%
Gainsborough Credit Union - Term Certificates	18,000	-	18,000	January 8, 2008	3.250%	3.250%
Gainsborough Credit Union - Term Certificates	6,000	-	6,000	January 13, 2008	3.000%	3.000%
Gainsborough Credit Union - Term Certificates	17,500	-	17,500	February 8, 2008	3.500%	3.500%
Gainsborough Credit Union - Term Certificates	18,803	-	18,803	February 21, 2008	3.000%	3.000%
Gainsborough Credit Union - Term Certificates	24,266	-	24,266	March 29, 2008	3.000%	3.000%
Gainsborough Credit Union - Term Certificates	-	19,000	19,000	June 1, 2008	3.800%	3.800%
Gainsborough Credit Union - Term Certificates	-	42,000	42,000	November 21, 2008	3.750%	3.750%
Gainsborough Credit Union - Term Certificates	-	160,000	160,000	January 17, 2009	3.350%	3.350%
Gainsborough Credit Union - Term Certificates	-	27,000	27,000	March 16, 2009	3.650%	3.650%
Gainsborough Credit Union - Term Certificates	-	15,400	15,400	May 1, 2009	3.500%	3.500%
Gainsborough Credit Union - Term Certificates	-	298,000	298,000	July 31, 2009	3.800%	3.800%
Gainsborough Credit Union - Term Certificates	-	66,000	66,000	August 3, 2009	3.800%	3.800%
Gainsborough Credit Union - Chequing	26,606	-	26,606			
	\$ 434,323	\$ 627,400	\$ 1,061,723			
Lampman Area Trust - Estevan Credit Union - Chequing	\$ 59,626	\$ -	\$ 59,626			
Fillmore Area Trust						
RBC Investment Account	\$ 27,451	\$ -	\$ 27,451			
Royal Bank - Money Maker Plus	64,299	-	64,299			
Canada Savings Bond	40,000	-	40,000	November 1, 2007	6.370%	6.370%
Royal Bank	95,950	-	95,950			
	\$ 227,700	\$ -	\$ 227,700			
Coronach Trust - CIBC	\$ 67,209	\$ -	\$ 67,209			
Total Community Trust Externally Restricted Funds	\$ 1,586,556	\$ 1,267,400	\$ 2,853,956			

(See accompanying notes)

SUN COUNTRY REGIONAL HEALTH AUTHORITY

For the year ended March 31, 2007

Schedule 2

Schedule of Cash and Investments - continued

	Cash & Short Term Investments	Long Term Investments	Total	Maturity	Effective Rate	Coupon Rate
RESTRICTED CASH AND INVESTMENTS - continued						
Externally Restricted Cash and Investments - Operating Fund (schedule 3)						
Wayburn General Hospital - Palliative	\$ 3,395	\$ -	\$ 3,395			
Wood Gundy	585	-	585			
CIBC Money Market Fund	443,310	-	443,310			
Estevan Credit Union	129,585	-	129,585			
Total Operating Externally Restricted Funds	\$ 576,875	\$ -	\$ 576,875			
Internally Restricted Cash and Investments - Operating Fund (schedule 4)						
Estevan Credit Union	\$ 8,903	\$ -	\$ 8,903			
Total Operating Fund Internally Restricted	\$ 8,903	\$ -	\$ 8,903			
Total Operating Fund Restricted Cash and Investments	\$ 585,778	\$ -	\$ 585,778			
Externally Restricted Cash and Investments - Capital Fund (schedule 3)						
WGH Building Fund	\$ 537,855	\$ -	\$ 537,855			
WGH - Lottery	17,012	-	17,012			
Estevan Credit Union	707,512	-	707,512			
Total Capital Externally Restricted Funds	\$ 1,262,379	\$ -	\$ 1,262,379			
Internally Restricted Cash and Investments - Capital Fund (schedule 4)						
Wood Gundy	\$ 3	\$ -	\$ 3			
CIBC Money Market Fund	79,141	-	79,141			
Estevan Credit Union	428,806	-	428,806			
Total Capital Fund Internally Restricted	\$ 507,950	\$ -	\$ 507,950			
Total Capital Fund Restricted Cash and Investments	\$ 1,770,329	\$ -	\$ 1,770,329			
Total Restricted Cash and Investments	\$ 3,942,663	\$ 1,267,400	\$ 5,210,063			
Estimated Fair Market Values for Restricted Cash and Investments						
		2007	2006			
Cash and Short Term Investments (approximates face value)	\$ 3,942,663	\$ 4,537,298				
Long Term Investments (approximates face value)	1,267,400	838,786				
	\$ 5,210,063	\$ 5,376,084				
UNRESTRICTED CASH AND INVESTMENTS						
Estevan Credit Union	\$ 2,988,993	\$ -	\$ 2,988,993			
Co-op Equity		12,884	12,884			
Estevan Credit Union - Term Certificates	100,000	-	100,000	November 14, 2007	2.600%	2.600%
CIBC T-Bill Fund	65,460	-	65,460			
Total Unrestricted Cash and Investments	\$ 3,154,453	\$ 12,884	\$ 3,167,337			
Estimated Fair Market Values for Unrestricted Cash and Investments						
		2007	2006			
Cash and Short Term Investments (approximates face value)	\$ 3,154,453	\$ 1,799,966				
Long Term Investments (approximates face value)	12,884	110,113				
	\$ 3,167,337	\$ 1,910,079				

(See accompanying notes)

SUN COUNTRY REGIONAL HEALTH AUTHORITY

For the year ended March 31, 2007

Schedule 3

Schedule of Changes in Externally Restricted Fund Balances

	<i>Balance Start of Year</i>	<i>Investment & Other Revenue</i>	<i>Donations</i>	<i>Expenses</i>	<i>Contributions (Withdrawals)</i>	<i>Balance End of Year</i>
Operating Fund:						
Arcola Health Centre	\$ 329,466	9,370	9,285	(228,489)	-	119,632
Deerview Lodge	22,369	689	2,778	(16,994)	-	8,842
Estevan Regional Nursing Home	9,629	384	2,874	(4,925)	-	7,962
Fillmore Health Centre	15,423	669	1,131	(383)	-	16,840
Galloway Oxbow	1,897	74	755	(821)	-	1,905
Home Care	168,721	7,654	25,586	(3,836)	-	198,125
Kipling Health Centre	2,983	127	3,875	(6,065)	-	920
Moose Mountain Lodge	47,630	1,826	18,040	(25,444)	-	42,052
Newhope Pioneer Lodge	4,292	223	5,060	(3,194)	-	6,381
Public Health Services	3,923	168	-	-	-	4,091
Redvers Centennial Haven	7,839	263	8,056	(10,133)	-	6,025
Tatagwa View	23,842	1,896	34,225	(3,597)	-	56,366
Tatagwa View - Therapeutic Park	11,024	358	2,585	(5,731)	-	8,236
Weyburn General Hospital	10,471	451	674	-	-	11,596
Weyburn Palliative Care	24,735	1,128	4,746	(4,673)	-	25,936
Weyburn Special Care Home Education	33,780	1,460	770	-	-	36,010
Other communities	20,286	945	28,378	(23,653)	-	25,956
	738,310	27,685	148,818	(337,938)	-	576,875
Capital Fund:						
Arcola Health Centre	74,026	310	39,322	(101,299)	-	12,359
Estevan EMS	150	9	-	-	-	159
Newhope Pioneer Lodge	-	-	15,146	(15,146)	-	-
Redvers Health Centre	-	63	6,826	-	-	6,889
Saskatchewan Health Capital Funding (Note 4)	261,880	-	866,058	(788,601)	-	339,337
Tatagwa View	-	1,517	85,000	(76,230)	-	10,287
Weyburn General Hospital Building	513,229	24,626	-	-	-	537,855
Weyburn General Hospital Equipment	370,193	17,405	60,516	(92,621)	-	355,493
	1,219,478	43,930	1,072,868	(1,073,897)	-	1,262,379
Community Trust Fund:						
Coronach Trust Fund	64,993	2,045	-	-	-	67,038
Fillmore Area Trust Fund	225,859	3,105	-	-	-	228,964
Gainsborough Area Trust	1,013,214	33,285	43,468	(13,702)	(25,023)	1,051,242
Lampman Area Trust Fund	42,591	371	13,478	(3,309)	-	53,131
Midale Area Trust Fund	1,044,703	28,496	221,297	(119,314)	-	1,175,182
Oxbow Area Trust Fund	381,984	15,461	10,105	(27,411)	(169,695)	210,444
Creighton Lodge Trust Fund	56,440	2,702	1,345	(4,358)	-	56,129
	2,829,784	85,465	289,693	(168,094)	(194,718)	2,842,130
\$	4,787,572	157,080	1,511,379	(1,579,929)	(194,718)	4,681,384

(See accompanying notes)

SUN COUNTRY REGIONAL HEALTH AUTHORITY

For the year ended March 31, 2007

Schedule 4

Schedule of Changes in Internally Restricted Fund Balances

	<i>Balance beginning of year</i>	<i>Investment income allocated</i>	<i>Transfer from unrestricted fund annual allocation</i>	<i>Transfer to unrestricted fund Expenses</i>	<i>Transfer in investment in capital asset fund balance</i>	<i>Balance end of year</i>
Internally Restricted Fund Balances						
Capital Internally Restricted Fund Balances						
Replacement Reserves						
Bengough Health Centre	\$ 372	18	6,540	-	-	6,930
Weyburn Special Care Home	23,678	1,155	44,968	(13,247)	-	56,554
Estevan Regional Nursing Home	-	-	15,500	(15,500)	-	-
Creighton Lodge	1,849	90	-	-	(1,939)	-
Newhope Pioneer Lodge	100,000	4,876	10,000	(15,776)	-	99,100
Wawota Deerview Lodge	11,709	571	7,745	-	-	20,025
Carlyle Moose Mountain Lodge	* 30,057	1,466	8,235	(9,244)	-	30,514
Kipling Willowdale Lodge	3,241	158	6,500	(9,899)	-	-
Redvers Centennial Haven	6,354	310	6,000	-	-	12,664
Other						
Emergency Medical Services Vehicles	120,763	4,117	50,000	(92,717)	-	82,163
Redvers Building (Note 16)	200,000	-	-	-	-	200,000
Total Capital Internally Restricted Fund Balances	498,023	12,761	155,488	(156,383)	(1,939)	507,950
Operating Internally Restricted Fund Balances						
Estevan and Area	153,708	4,083	-	(157,791)	-	-
Quality Workplace	8,023	880	-	-	-	8,903
Total Operating Internally Restricted Fund Balances	161,731	4,963	-	(157,791)	-	8,903
Total Internally Restricted Fund Balances	\$ 659,754	17,724	155,488	(314,174)	(1,939)	516,853

Replacement Reserves

The SCRHA is required to maintain certain replacement reserves as a condition of receiving subsidy assistance from Saskatchewan Housing Corporation. The above schedule shows the changes in these reserve balances during the year.

The maximum accumulated fund required is equal to ten times the annual allocation.

Emergency Medical Services Vehicles

The SCRHA internally restricts \$50,000 (2006 - \$50,000) per year, as financial resources permit, for the replacement of Ambulances.

SUN COUNTRY REGIONAL HEALTH AUTHORITY

For the year ended March 31, 2007

Schedule 5

Board Member Remuneration

Board Members	Retainer	Per Diem	Travel Time Expenses	Travel and Sustenance Expenses	Other Expenses	CPP	2007 Total	2006 Total (Note 10)
Chairperson:								
Kickley, Earl	\$ 10,000	\$ 11,314	\$ 5,306	\$ 7,214	\$ 370	\$ -	\$ 34,234	\$ 31,007
Board Member:								
Arthur, Alan J.	-	3,750	2,350	2,758	-	99	8,957	6,663
Beuche, Sharon R.	-	4,375	2,025	4,024	-	-	10,424	14,403
Bieberdorf, Natalie	-	1,488	125	410	-	25	2,048	3,810
Dash, Rita	-	6,550	4,638	6,503	-	356	18,047	14,822
Gallaway, Marguerite	-	1,875	438	580	85	-	2,978	5,139
Kerr, Dave	-	4,425	538	590	2	85	5,640	5,763
Kozman, Maurice W.	-	3,263	25	2,325	-	17	5,630	6,448
McFarlane, Jack	-	3,275	1,700	2,859	-	118	7,952	9,030
Palmer, Vern	-	3,125	1,900	3,234	1	85	8,345	8,598
Standing Ready, Darlene	-	2,225	1,150	1,933	-	-	5,308	5,817
Ward, Larry	-	3,900	1,188	2,002	-	88	7,178	2,925
Total	\$ 10,000	\$ 49,595	\$ 21,383	\$ 34,432	\$ 458	\$ 873	\$ 116,741	\$ 114,445

Senior Management Salaries, Benefits, Allowances, and Severance

Senior Employees	2007				2006		
	Salaries (1)	Benefits and Allowances (2)	Sub-total	Severance Amount	Salaries, Benefits & Allowances (Note 10)	Severance	Total
Calvin Tant, CEO (3)	\$ 144,509	\$ -	\$ 144,509	\$ -	\$ 54,153	\$ -	\$ 54,153
Lee Spencer, CEO (3)	-	-	-	-	99,729	-	99,729
Margaret Cugnet, VP Primary & Integrated Health Care	113,680	-	113,680	-	102,291	-	102,291
Ken Adams, VP Finance & Corporate Services (4)	64,711	-	64,711	-	-	-	-
Lloyd Searcy, VP Corporate & Financial Services (4)	18,736	-	18,736	-	113,402	-	113,402
Janice Groux, VP Community Programs	114,929	-	114,929	-	99,521	-	99,521
Don Ehman, VP Human Resources	114,929	-	114,929	-	99,521	-	99,521
Murray Goeres, Director of Facilities	89,420	-	89,420	-	82,463	-	82,463
	\$ 660,914	\$ -	\$ 660,914	\$ -	\$ 651,080	\$ -	\$ 651,080

(1) Salaries include regular base pay, overtime, honoraria, sick leave and merit or performance pay, lump sum payments, and any other direct cash remuneration.

(2) Benefits and Allowances include the employer's share of amounts paid for the employees' benefits and allowances that are taxable to the employee.

This includes taxable: professional development, education leave, education pay, non-accountable relocation benefits, personal use of an automobile, cell-phone, computer, etc. As well as any other taxable benefits.

(3) Lee Spencer retired December 31, 2005 and Calvin Tant started October 31, 2005

(4) Ken Adams started September 11, 2006, replacing Lloyd Searcy.

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